

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000044341

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** MANNYMED CONSULTING , INC

**Current Principal Place of Business:**

1296 WINDSOR LN  
WESTON, FL 33327 US

**New Principal Place of Business:**

**Current Mailing Address:**

1296 WINDSOR LN  
WESTON, FL 33327 US

**New Mailing Address:**

**FEI Number:** 45-2151425

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

USA TAX & FINANCIAL SERVICES LLC  
13170 SW 128 ST  
SUITE 204  
MIAMI, FL 33186 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** DE LA CRUZ, MANUEL  
**Address:** 1296 WINDSOR LN  
**City-St-Zip:** WESTON, FL 33327 US

**Title:** TR  
**Name:** DE LA CRUZ, LLASNAY  
**Address:** 1296 WINDSOR LN  
**City-St-Zip:** WESTON, FL 33327 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MANUEL DE LA CRUZ

PRE

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date