

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P28934**

1. Entity Name  
**MANHATTAN HOLDING COMPANY**



Principal Place of Business  
**180 E OCEAN BLVD  
STE 1010  
LONG BEACH, CA 90802 US**

Mailing Address  
**180 EAST OCEAN BOULEVARD  
STE 1010  
LONG BCH, CA 92655 US**



01082007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**33-0310936**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**ALEXANDER, LARRY B.  
505 SOUTH FLAGLER DRIVE  
WEST PALM BEACH, FL 33401**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000606382  
01/30/07-80076-005 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DELPIT, LARRY 180 E OCEAN BLVD 1010 LONG BEACH, CA 90802
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BLANCHETTE, BETTI-JANE 180 E OCEAN BLVD 1010 LONG BEACH, CA 90802
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ODOM, BARBARA 180 E OCEAN BLVD 1010 LONG BEACH, CA 90802
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DELPIT, LARRY JR. 180 E OCEAN BLVD 1010 LONG BEACH, CA 90802
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DELPIT, DOROTHY 180 E OCEAN BLVD 1010 LONG BEACH, CA 90802
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Barbara Odom Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/07

Date

562-590-8835

Daytime Phone #