2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P28934

Entity Name: MANHATTAN HOLDING COMPANY

FILED Jan 07, 2009 Secretary of State

Current P	rincipal Place	of Business:	New Principal Place	e of Business:	
180 E OCE STE 1010 LONG BEA	EAN BLVD ACH, CA 9080	12 US			
	ailing Addres		New Mailing Addres	ss:	
180 EAST OCEAN BOULEVARD			-		
STE 1010					
LONG BCI	H, CA 92655	US			
FEI Number:	33-0310936	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:	
505 SOUT	ER, LARRY B. H FLAGLER D _M BEACH, FL				
	named entity see of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,	
SIGNATUF	RE:				
	Electron	ic Signature of Registered Ag	ent	Date	
Election Car	npaign Financing	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	PD () DELPIT, LARRY 180 E OCEAN E LONG BEACH,	3LVD 1010	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () BLANCHETTE, 180 E OCEAN E LONG BEACH,	BLVD 1010	Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	T () ODOM, BARBA 180 E OCEAN E LONG BEACH,	BLVD 1010	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () DELPIT, LARRY 180 E OCEAN E LONG BEACH,	3LVD 1010	Title: Name: Address: City-St-Zip:	() Change() Addition	
Title:	VP ()	Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: BARBARA ODOM TREA 01/07/2009

DELPIT, DOROTHY

City-St-Zip: LONG BEACH, CA 90802

180 E OCEAN BLVD 1010

Name:

Address: