2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED** May 03, 2004 08:00 AM Secretary of State

DOCUMENT # P9200 1. Entity Name MAN ENTERPRISES, INC.		
Principal Place of Business	Mailing Address	·
2287 S. BLUE ISLAND	2287 S. BLUE ISLAND	
2287 S BLUE ISLAND CHICAGO, IL 60608 US	2287 S BLUE ISLAND CHICAGO, IL 60608 US	

2287 S. BLU 2287 S BLU	ncipal Place of Business  87 S. BLUE ISLAND  87 S BLUE ISLAND  87 S BLUE ISLAND  10AGO, IL 60608 US  Mailing Address  2287 S. BLUE ISLAND  2287 S BLUE ISLAND  CHICAGO, IL 60608 US			04292004	04292004 No Chg-P CR2E034 (10/03)			
DO NOT WRITE IN THIS SPACE			4. FEI Number 36-3853		Applied For Not Applicat  \$8.75 Additional Fee Required	zie.		
6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301		DO NOT WRITE IN THIS SPACE						
8. The above the obligat SIGNATURE	named entity submits this statement for thi ions of registered agent.  Signature, typed or printed name of registered agent and di	- <u>- yar</u>	ed office or regis	इत्राचनाम्यः इत्राच्यासम् हरू	in the State of Flo			
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	<ol> <li>Election Campaign Finar Trust Fund Contribution.</li> </ol>		5.00 May Be dded to Fees				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIR PSTD NAGLE, MARK A 2287 S. BLUE ISLAND CHICAGO, IL	ECTORS			U00000 05/03/04-	0150228 -80218-017 150.08		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		·	NOT W 'HIS SP			
TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP 12. I hereby o	ertify that the information supplied with this	filing does not qualify for the exer	notion stated in 8	Section 119.07(3)(f)	Florida Statutes, I	further certify that the information		

insulcated on trils 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 frustee 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: ,