

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90023 026 \*\*\*150.00

**DOCUMENT # P94000004747**

1. Entity Name  
**MANN INVESTMENTS AND ENTERPRISES, INC.**



Principal Place of Business  
**4167 PALM LANE  
MIAMI, FL 33137-3346 US**

Mailing Address  
**4167 PALM LANE  
MIAMI, FL 33137-3346 US**

**50004401**



03202006 Chg-P CR2E034 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**59-3225994**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MANIGLIA, ANTHONY J  
4167 PALM LANE  
MIAMI, FL 33137-3346**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STD  
MANIGLIA, VICTOR R  
1 LAKE HOLLINGSWORTH DR., UNIT 9  
LAKE LAND, FL 33803**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
MANIGLIA, ANTHONY J  
1 BRATENAHL PLACE, SUITE #1201  
BRATENAHL, OH 44108**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MANIGLIA, ANTHONY J  
4167 Palm Lane  
33137 MIAMI, FL 33137**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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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 life empowered.

SIGNATURE:

*Anthony Maniglia*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/22/06**