2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000023171

1. Entity Name
MANEJAMI, CORP.

Principal Place of Business	Mailing Address
5982-F S.W. 18TH STREET BOCA RATON, FL 33433	5982-F S.W. 18TH ST. BOCA RATON, FL 33433 US

01162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0576872
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LAVERNIA, MILTON
5982 S.W. 18TH ST.
BOCA RATON, FL 33433

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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 _____ DATE
Signature, type or print name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000101961
04/02/04-80034-023 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LAVERNIA, MILTON
STREET ADDRESS	5982-F S.W. 18TH STREET
CITY-ST ZIP	BOCA RATON, FL 33433
TITLE	D
NAME	LAVERNIA RUBIN, JANICE
STREET ADDRESS	5982-F S.W. 18TH STREET
CITY-ST ZIP	BOCA RATON, FL 33433
TITLE	D
NAME	LAVERNIA, MARLENE
STREET ADDRESS	5982-F S.W. 18TH STREET
CITY ST ZIP	BOCA RATON, FL 33433
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 all other like empowered.

SIGNATURE: _____ MILTON LAVERNIA 4/02/04 561-392-4263
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #