

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P95000023171					
1. Entity Name MANEJAMI, CORP.					
Principal Place of Business 5982-F S.W. 18TH STREET BOCA RATON, FL 33433			Mailing Address 5982-F S.W. 18TH ST. BOCA RATON, FL 33433 US		
2. Principal Place of Business 1401 S.W. 8 ST.		3. Mailing Address 1401 S.W. 8 ST.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State BOCA RATON, FL		City & State BOCA RATON, FL		4. FEI Number 65-0576872	
Zip 33486		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAVERNIA, MILTON 5982 S.W. 18TH ST. BOCA RATON, FL 33433			7. Name and Address of New Registered Agent Name MILTON LAVERNIA Street Address (P.O. Box Number is Not Acceptable) 1401 S.W. 8 ST. City BOCA RATON FL Zip Code 33486		
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			(NOTE: Registered Agent signature required when reinstating) 7-30-05		
Amended AR is \$61.25			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fee 8100058541718 08/15/05--01002--020 **\$61.25		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME LAVERNIA, MILTON STREET ADDRESS 5982-F S.W. 18TH STREET CITY-ST-ZIP BOCA RATON, FL 33433	<input type="checkbox"/> Delete		TITLE D NAME LAVERNIA, MILTON STREET ADDRESS 1401 S.W. 8 ST. CITY-ST-ZIP BOCA RATON, FL 33486	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME LAVERNIA RUBIN, JANICE STREET ADDRESS 5982-F S.W. 18TH STREET CITY-ST-ZIP BOCA RATON, FL 33433	<input type="checkbox"/> Delete		TITLE D NAME LAVERNIA RUBIN, JANICE STREET ADDRESS 1401 S.W. 8 ST. CITY-ST-ZIP BOCA RATON, FL 33486	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME LAVERNIA, MARLENE STREET ADDRESS 5982-F S.W. 18TH STREET CITY-ST-ZIP BOCA RATON, FL 33433	<input type="checkbox"/> Delete		TITLE D NAME LAVERNIA, MARLENE STREET ADDRESS 1401 S.W. 8 ST. CITY-ST-ZIP BOCA RATON, FL 33486	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME CAMPBELL, RYAN C STREET ADDRESS 1260 SW 15 ST CITY-ST-ZIP BOCA RATON, FL 33486	<input type="checkbox"/> Delete		TITLE D NAME CAMPBELL, RYAN C STREET ADDRESS 1401 S.W. 8 ST. CITY-ST-ZIP BOCA RATON, FL 33486	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME LAVERNIA, NEDDA STREET ADDRESS 1401 SW 8 ST CITY-ST-ZIP BOCA RATON, FL 33486	<input type="checkbox"/> Delete		TITLE D NAME LAVERNIA, NEDDA STREET ADDRESS 1401 S.W. 8 ST CITY-ST-ZIP BOCA RATON, FL 33486	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 an address with all other like empowered.					
SIGNATURE:			7-30-05 561-395-6078		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		