

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2006 8:00 am**  
**Secretary of State**

01-20-2006 90038 011 \*\*\*150.00

**DOCUMENT # P95000023171**

1. Entity Name  
**MANEJAMI, CORP.**



Principal Place of Business  
**1401 S.W. 8 ST**  
**BOCA RATON, FL 33486 US**

Mailing Address  
**1401 S.W. 8 ST**  
**BOCA RATON, FL 33486 US**

**DO NOT WRITE IN THIS SPACE**



01062006 No Chg-P CR2E034 (11/05)

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**  
**1401 S.W. 8 ST**  
**BOCA RATON, FL 33486**

**DO NOT WRITE  
IN THIS SPACE**

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) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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**

TITLE	D
NAME	LAVERNIA, MILTON
STREET ADDRESS	1401 S.W. 8 ST
CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	D
NAME	LAVERNIA RUBIN, JANICE
STREET ADDRESS	1401 S.W. 8 ST
CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	D
NAME	LAVERNIA, MARLENE
STREET ADDRESS	1401 S.W. 8 ST
CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	VP
NAME	CAMPBELL, RYAN C
STREET ADDRESS	1260 SW 15 ST
CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	S
NAME	LAVERNIA, NEDDA
STREET ADDRESS	1401 S.W. 8 ST
CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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 like empowered.

**SIGNATURE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MILTON LAVERNIA**

**1/06/06**

Date

**561-392-4263**

Daytime Phone #