


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 11, 2006 8:00 am**  
**Secretary of State**

09-11-2006 90004 018 \*\*\*150.00

**DOCUMENT # P95000096882**

1. Entity Name  
**MANLAR ENTERPRISES, CO.**



Principal Place of Business <b>16400 COLLINS AVENUE          SUITE 2244          MIAMI BEACH, FL 33160</b>	Mailing Address <b>8819 FROUDE AVE          MIAMI BEACH, FL 33154</b>
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**DO NOT WRITE IN THIS SPACE**



08162006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0752866</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

**FERNANDEZ, BERTA  
 8819 FROUDE AVENUE  
 MIAMI BEACH, FL 33154**

**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: \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
 Due by September 6, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS FERNANDEZ, BERTA 8819 FROUDE AVE MIAMI BEACH, FL 33154
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**DO NOT WRITE 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

9/1/06 305 8683638  
 Date Daytime Phone #