


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90045 046 ***150.00

DOCUMENT # P96000017273		
1. Entity Name MANES ENTERPRISES, INC.		

Principal Place of Business 101407 OVERSEAS HWY TRADEWINDS PLAZA KEY LARGO, FL 33037 US	Mailing Address 101407 OVERSEAS HWY TRADEWINDS PLAZA KEY LARGO, FL 33037 US
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04003404



2. Principal Place of Business		3. Mailing Address 101407 OVERSEAS HWY	
Suite, Apt. #, etc.		Suite, Apt. #, etc. TRADEWINDS PLAZA	
City & State		City & State KEY LARGO FL	
Zip	Country	Zip	Country
33037	USA	33037	USA

01062004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0658355		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MANES, LUIS F. 101407 OVERSEAS HWY TRADEWINDS PLAZA KEY LARGO, FL 33037		7. Name and Address of New Registered Agent	
		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MANES, LUIS 10147 OVERSEAS HWY KEY LARGO, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MANES, CARMEN 101407 OVERSEAS HWY KEY LARGO, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 an address with all other like empowered.

SIGNATURE:  **LUIS F. MANES** 1-31-04 (305) 451-5211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #