


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000035105 1. Entity Name MANHATTAN TROPHIES, INC.	
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Principal Place of Business 1411 N DIXIE HWY LAKE WORTH, FL 33460	Mailing Address 1411 N DIXIE HWY LAKE WORTH, FL 33460
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02112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0740301	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 RYKOWSKI, THEODORE J. 1411 N DIXIE HWY LAKE WORTH, FL 33460
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RYKOWSKI, THEODORE J 20790 PEBBLE CREEK CT BOCA RATON, FL 33498
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WILLIAMS, WILLIAM T JR 13850 ELDER CT WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RYKOWSKI, MARY KAY 20790 PEBBLE CREEK CT BOCA RATON, FL 33498
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>02/17/05-80056-014 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	PRESIDENT TED RYKOWSKI	2-1505 561-585-4244 <small>Date Daytime Phone #</small>
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