2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000065534

1. Entity Name
MANO FLOORING INC.

Principal Place of Business	Mailing Address
1100 EAST 9TH COURT HIALEAH, FL 33010	1100 EAST 9TH COURT HIALEAH, FL 33010

DO NOT WRITE IN THIS SPACE

02142007   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
65-0685200		Not Applicable

5. Certificate of Status Desired   ☒   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

VARELA, MANUEL
1100 E 9TH CT
HIALEAH, FL 33010

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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_____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2007 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	VARELA, MANUEL G	
STREET ADDRESS	1100 EAST 9TH COURT	
CITY-ST-ZIP	HIALEAH, FL 33010	
TITLE	D	
NAME	VARELA, DAMARIS	
STREET ADDRESS	1100 EAST 9TH COURT	
CITY-ST-ZIP	HIALEAH, FL 33010	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
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CITY-ST-ZIP		

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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: _____   DAMARIS VARELA DIRECTOR 2/15/07 3863950901

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #