2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 20, 2005 8:00 am Secretary of State DOCUMENT # P96000084074 1. Entity Name 04-20-2005 90294 012 ***150.00 MANIE FOODS, INC. Principal Place of Business Mailing Address P O BOX 43-2720 MIAMI FL 33243 US 7225 NW 68TH ST #10 MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 65-0719335 Not Applicable Zip Country Zip Country \$8.75 Additional П 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CARRERA, EMILIO Street Address (P.O. Box Number is Not Acceptable) 7225 NW 68TH ST #10 **MIAMI FL 33166** 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 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 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Change TITLE PD □ Delete TITLE ☐ Addition CABRERA, EMILIO JR. NAME NAME 7225 NW 68TH ST #10 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33166 CITY-ST-ZIP ☐ Addition STD Change TITLE ☐ Detete TITLE CABRERA, HILDA I NAME NAME STREET ADDRESS 7225 NW 68TH ST #10 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33166 Addition ☐ Change TITLE ☐ Delete TITLE CABRERA, ANTHON NAME NAME 7225 NW 68:5+ #10 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP miami, Fl 331(do CITY-ST-ZIP Addition Delete TITLE Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-Z(P Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

HILDA I. CABRERA

Celvera

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED