

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000025302

**FILED**  
**Apr 07, 2006**  
**Secretary of State**

**Entity Name:** MANUEL FELIPE & ASSOCIATES, INC.

**Current Principal Place of Business:**

8500 SW 8 ST.  
MIAMI, FL 33144

**New Principal Place of Business:**

**Current Mailing Address:**

8500 SW 8 ST.  
MIAMI, FL 33144

**New Mailing Address:**

**FEI Number:** 65-0747933

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FELIPE, MANUEL  
9525 SW 15 STREET  
MIAMI, FL 33174 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: FELIPE, MANUEL  
Address: 9525 SW 15 STREET  
City-St-Zip: MIAMI, FL 33174

Title: VP ( ) Delete  
Name: SCHAEFER, YOLANDA  
Address: 11205 SW 134 TERR  
City-St-Zip: MIAMI, FL 33176

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MANUEL FELIPE

P

04/07/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date