


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000065136	
1. Entity Name MANULYS ADULT CARE, INC.	

Principal Place of Business MANULYS ADULT CARE 12710 N.W. 8TH LANE MIAMI, FL 33182	Mailing Address 12710 NW 8TH LANE MIAMI, FL 33182
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DO NOT WRITE IN THIS SPACE



02102004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0770302	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 GONZALEZ, MANUEL 12710 NW 8TH LANE MIAMI, FL 33182

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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 _____ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, MANUEL 12710 NW 8TH LANE MIAMI, FL 33182
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LOPEZ, ULISES 12710 NW 8 LANE MIAMI, FL 33182
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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: Manuel Gonzalez MANUEL GONZALEZ 2/21/04 (305) 302-4898
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #