## 2008 FOR PROFIT CORPORATION

## FILED **ANNUAL REPORT** Apr 28, 2008 08:00 AM Secretary of State **DOCUMENT # P98000038028** 1. Entity Name MANTAN BACKHOE SERVICE, INC. Principal Place of Business Mailing Address 5900 WOODLAND PT. PL. 5900 WOODLAND PT. PL. TAMARAC, FL 33319 TAMARAC, FL 33319 04262008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0831300 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 6. Name and Address of Current Registered Agent CRUZ, MANUEL DO NOT WRITE 5900 WOODLAND PT. PL. TAMARAC, FL 33319 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5,00 May Be Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. DP TITLE NAME CRUZ, MANUAL STREET ADDRESS 5900 WOODLAND PT. PL. CITY-ST-ZIP TAMARAC, FL 33319 **VPS** TITLE NAME RODRIGUEZ, TANIA U00000929302 05/21/08-80063-014 150.00 5900 WOODLAND PT. PL. STREET ADDRESS CITY-ST-ZIP TAMARAC, FL 33319 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. Thereby certify that the information supplied with this filling 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 eath; 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 of Block 11 or Bl

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS