2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 06, 2005 8:00 am Secretary of State

DOCUMENT # P98000048326 1. Entity Name MANIK CORP.						04-06-2005 90108 014 ***150.00						
Principal Place of Business Mailing Address												
1750 NE 135 MIAMI, FL 33	STH ST	1750 NE 135TH ST MIAMI, FL 33181										
2. Principal Pl	ace of Business	3. Mailing Address			<u> </u>							
								 		. (1117)	&J	
Suite, Apt.		Suite, Apt. #, etc.			03102		Chg-P		CR2E03	4 (10/03)		
City & State		City & State				4. FEI Number Applied For 65-0839064 Not Applicable						
Zip	Country 1	Zip	<i>f</i>	5. Certificate of Status Desired S8.75 Additional Fee Required								
	6. Name and Address of Current	egistered Agent			7. Nam	7. Name and Address of New Registered Agent						
3					Name							
SOTO, AN 8500 W FL	•		Street Addre	ess (P.O. Box	P.O. Box Number is Not Acceptable)							
MIAMI, FL	33144											
			City			FL 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees												
10.	OFFICERS AND	DIRECTORS	11.		ADDIT	IONS/C	HANGES T	O OFFICE	RS AND [DIRECTORS	3 IN 11	
TITLE) NAME	DS BHUIYAN, MONIR H	☐ Delete	TITLE NAME	A A	HULYAN	1/1	onIn	H		Change	Addition	
STREET ADDRESS	1600 NE 135 ST #1004			ADDRESS /	8314	an, month H Change 1 N.W. 16 STREET NG PÃOS FL 03028					_	
CITY-ST-ZIP	N MIAMI, FL 33181	CI		T-ZIP	Dembra	6 1	inal	PL	<u>ر</u> ر	<u> 3028</u>		
TITLE	VD	☐ Delete	TITLE NAME		,				!	☐ Change	Addition	
name Street address	KAMAL, MOSTAFA 1954 S.W. 180 TERRACE			ADDRESS								
CITY-ST-ZIP	MIRAMAR, FL 33029		CITY-S	T-21P				- //				
TITLE	PTD	☐ Delete	TITLE						!	Change	☐ Addition	
name Street address	RAHMAN, MOHAMMAD A 231 N.E. 211 STREET		NAME	ADDRESS							`	
CITY-ST-ZIP	MIAMI, FL 33179		CITY-									
TITLE		☐ Delete	TITLE							Change	☐ Addition	
NAME			NAME	ADDRESS								
STREET ADDRESS City-St-Zip	'		CITY-S									
TITLE			TITLE							Change	Addition	
NAME			NAME	ADDRESS							į	
STREET ADDRESS City-St-Zip			CITY-S									
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NAME			NAME								1	
STREET ADDRESS			•	ADDRESS							ŀ	
CITY-ST-ZIP		and the second	CITY-S		in Castina 140	07/0\/*\	Clarida C:	dutos 16.	thor cod	h, that tha !-	Vormation	
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 conversition of the receiver of this report as required by Chapter 607. Florida Statutes: and that my name appears in Block 10 or Block 11 if												