

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000067063

1. Entity Name
MANUCOM INDUSTRIES CORPORATION



Principal Place of Business

**12399 S.W. 53 STREET
SUITE 104
COOPER CITY, FL 33330**

Mailing Address

**12399 S.W. 53 STREET
SUITE 104
COOPER CITY, FL 33330**

DO NOT WRITE IN THIS SPACE



04052004 No Chg-P CR2E034 (10/03)

4. FEI Number

59-2027065

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CHIODO, DANIEL J
12399 SW 53 STREET
STE 104
COOPER CITY, FL 33330**

**DO NOT WRITE
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)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

**TITLE PD
NAME CHIODO, DANIEL J
STREET ADDRESS 2652 EDGEWATER DR
CITY- ST- ZIP FT LAUDERDALE, FL 33332**

**TITLE S
NAME CLINTON, LISA
STREET ADDRESS 14501 W. PALOMINO DR
CITY- ST- ZIP FT LAUDERDALE, FL 33330**

**TITLE V
NAME PASLEY, DIANE
STREET ADDRESS 16267 ERIE PLACE
CITY- ST- ZIP DAVIE, FL**

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

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

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

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04/12/04-80033-010 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Daniel J Chiodo

4-5-04 954 434-9995