2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 18, 2005 8:00 am Secretary of State 04-18-2005 90318 005 ***150.00

DOCUMENT # P98000067063 1. Entity Name MANUCOM INDUSTRIES CORPORATION					04-16-2003 9	0316 003 130	.00	
Principal Place of Business		Mailing Address				£00000000		
12399 S.W. 53 STREET SUITE 104		12399 S.W. 53 STREET SUITE 104		ú		50037346		
COOPER CITY, FL 33330		COOPER CITY, FL 33330		 	1 1111 1111 11 11 11 11 1 1 11	1 5141 6 114 11 51 4 11 516 111 50 11		
2. Principal Place of Business 1721 Blount Road		3. Mailing Address 1721 Blount Road						
Suite, Apt. #, etc. Suite #2		Suite, Apt. #, etc. Suite #2		04012005	Chg-P	CR2E034 (10/03)		
City & State		City & State		4. FEI Numb			plied For	
Pompano Beach FL Zip Country		Pompano Beach FL Zip Country		59-202		\$9.75	t Applicable	
3300	69 Ú.S	33069	บ.ร	<u></u>	of Status Desired	Fee Require	d	
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name Same Agent				
CHIODO, DANIEL J 12399 SW 53 STREET Street Address					per is Not Acceptable	e)		
ST 5 104) 33 3 TREE 1	nu dress	172	<u> 1 Blount</u>	<u>Road Sui</u>	te #2		
COOPER	SITY, FL 33338	ada _	Pom	pano Beac	h, FL 33			
			City			FL 3306	ီ9	
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.								
7/8//								
SIGNATURE Signature: typed cuprifice flame of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE								
FILE NOWILI FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees								
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS	/CHANGES TO OFF	ICERS AND DIRECTOR	S IN 11	
TITLE NAME	PD CHIODO, DANIEL J	Delete	TITLE NAME			Change	☐ Addition	
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·						ł	
CITY-ST-ZIP	FT LAUDERDALE, FL 33332		CITY-ST-ZIP					
TITLE NAME	S CLINTON, LISA	☐ Delete	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS	14501 W. PALOMINO DR		STREET ADDRESS					
CITY-ST-ZIP	FT LAUDERDALE, FL 33330		CITY-ST-ZIP					
TITLE NAME	V PASLĒY, DIANE	☐ Delete	TITLE			☐ Change	Addition	
STREET ADDRESS	16267 ERIE PLACE		STREET ADDRESS				}	
CITY-ST-ZIP	DAVIE, FL		CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE NAME			Change	Addition	
STREET ADDRESS			STREET ADDRESS					
CITY-\$T-ZIP			CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	Addition	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP		<u> </u>	CITY-ST-ZIP		<u> </u>			
TITLE NAME		☐ Delete	TITLE NAME			Change	Addition	
STREET ADDRESS			STREET ADDRESS				Ì	
CITY-ST-ZIP	<u> </u>		CITY-ST-ZIP		<u> </u>			
12. I hereby certify that the information supplied with this filling 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 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 605, 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: 4/0/05 954-471-6335								