


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 20, 2006 8:00 am**  
**Secretary of State**


05-05-2006 90196 049 \*\*\*150.00

<b>DOCUMENT # P99000027659</b> 1. Entity Name MANOLA ALTERATIONS, INC.	
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Principal Place of Business 6327 STIRLING RD. DAVIE, FL 33314	Mailing Address 6327 STIRLING RD. DAVIE, FL 33314
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**DO NOT WRITE IN THIS SPACE**

66019880



01192006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0906636	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

DELLEGRAZIE, TERESA  
6327 STERLING RD  
DAVIE, FL 33314

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and state if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	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 DELLEGRAZIE, TERESA 9901 SW 7TH ST. PEMBROKE PINES, FL 33025
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12. I hereby certify that the information supplied with this filing 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 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: Bessa Hellegrazie Date: 6-13-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #