

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90242 031 \*\*\*150.00

|   |  |  |   |   |  |
|---|--|--|---|---|--|
| <b>DOCUMENT # P99000037287</b>  |  |  |   |   |  |
| <b>1. Entity Name</b><br>MANHATTAN INTERNATIONAL MARKETPLACE CORPORATION  |  |  |   |   |  |
| <b>Principal Place of Business</b><br>4711 NW 79TH STREET<br>SUITE 20T<br>MIAMI, FL 33166   |  |  | <b>Mailing Address</b><br>4711 NW 79TH STREET<br>SUITE 20T<br>MIAMI, FL 33166   |   |  |
| <b>2. Principal Place of Business</b><br>12330 S.W. 53rd Street   |  | <b>3. Mailing Address</b><br>12330 S.W. 53rd Street  |   |   |  |
| Suite, Apt. #, etc.<br>Suite 702  |  | Suite, Apt. #, etc.<br>Suite 702   |   |   |  |
| City & State<br>Cooper City, Florida  |  | City & State<br>Cooper City, Florida   |   |   |  |
| Zip<br>33330  |  | Country<br>U.S.A.  |   | 03022005    Chg-P    CR2E034 (10/03)  |  |
| 4. FEI Number<br>65-0914336   |  | Applied For<br>Not Applicable  |   |   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required  |  |  |   |   |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>MENESES, MAURICIO<br>4711 NW 79TH STREET<br>SUITE 20T<br>MIAMI, FL 33166  |  |  | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>12330 SW 53rd Street, Suite 702<br>City Cooper City    FL    Zip Code 33330 |   |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |  |  |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b>   |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |   |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>MENESES, MAURICIO<br>4711 NW 79TH STREET SUITE 20 T<br>MIAMI, FL 33166 <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>12330 SW 53rd Street, Suite 702<br>Cooper City, FL. 33330 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VSD<br>BRAS, JOAQUIM<br>4711 NW 79TH STREET SUITE 20 T<br>MIAMI, FL 33166 <input type="checkbox"/> Delete    |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>12330 SW 53rd Street, Suite 702<br>Cooper City, FL. 33330 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>MORRISON, BEATRIZ<br>4711 NW 79TH STREET SUITE 20 T<br>MIAMI, FL 33166 <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>12330 SW 53rd Street, Suite 702<br>Cooper City, FL. 33330 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
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| 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 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. |  |  |   |   |  |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |  | 04/18/05    954 889 8384<br><small>Date    Daytime Phone #</small>  |   |  |