

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000062312

Entity Name: MANOLO CORPORATION

FILED
May 18, 2006
Secretary of State

Current Principal Place of Business:

13899 BISCAYNE BLVD
222
NORTH MIAMI, FL 33181 US

New Principal Place of Business:

Current Mailing Address:

13899 BISCAYNE BLVD
#222
N.MIAMI BEACH, FL 33181 US

New Mailing Address:

FEI Number: 65-0935058 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PORTER, EUGENE JR
13899 BISCAYNE BLVD,
#222
NORTH MIAMI BEACH, FL 33181 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: D'METAYER, NABY
Address: 13899 BISCAYNE BLVD
City-St-Zip: N.MIAMI BEACH, FL 33181

Title: VS (X) Delete
Name: D'METAYER, HARRY
Address: 13899 BISCAYNE BLVD
City-St-Zip: N.MIAMI BEACH, FL 33181

Title: D (X) Delete
Name: HALL, GLANDALE
Address: 13899 BISCAYNE BLVD
City-St-Zip: N.MIAMI BEACH, FL 33181

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BYFIELD, SHARON
Address: 13899 BISCAYNE BLVD #222
City-St-Zip: N.MIAMI BEACH, FL 33181

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON BYFIELD

PD

05/18/2006

Electronic Signature of Signing Officer or Director

Date