


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-21-2005 90248 009 ***150.00

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| DOCUMENT # P99000098091 | | | |  | |
| 1. Entity Name MANEK ENTERPRISES, INC. | | | | | |
| Principal Place of Business 800 GATEPARK DR. DAYTONA BEACH, FL 32114 | | | Mailing Address 800 GATEPARK DR. DAYTONA BEACH, FL 32114 | | |
| 2. Principal Place of Business 4471 EASTPORT PARKWAY Suite, Apt. #, etc. | | 3. Mailing Address 4471 EASTPORT PARKWAY Suite, Apt. #, etc. | | | |
| City & State PORT ORANGE FL | | City & State PORT ORANGE FL | | 4. FEI Number 59-3626056 | |
| Zip 32127 | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MANEK, NARESH B 800 GATEPARK DR. DAYTONA BEACH, FL 32114 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4471 EASTPORT PARKWAY City PORT ORANGE FL Zip Code 32127 | | |
| 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 reinstating) | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPST MANEK, NARESH D 800 GATEPARK DR. DAYTONA BEACH, FL 32114 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 4471 EASTPORT PARKWAY PORT ORANGE, FL 32127 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS 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. | | | | | |
| SIGNATURE: _____ | | | Date: 4/15/05 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |