

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90007 044 ***150.00

DOCUMENT # V65319

1. Entity Name
MANASSAS INN CO.



Principal Place of Business
**10653 BALLS FORD RD
MANASSAS, VA 22110 US**

Mailing Address
**270 NE 4TH ST
STE 100
MIAMI, FL 33132 US**

DO NOT WRITE IN THIS SPACE



01112005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0357328

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

**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: _____

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

(NOTE: Registered Agent signature required when renouncing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORBEDDU, ANTONIO 270 NE 4TH ST MIAMI, FL 33132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MICANGELI, MAURIZIO 270 NE 4TH ST MIAMI, FL 33132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TUPINI, CLAUDIO 270 NE 4TH ST MIAMI, FL 33132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LAMACCHIA, GIOVANNI APARTADO 2053-2100 SAN JOSE, COSTA RICA.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRIEDBAUER, ROGER 1500 MIAMI CENTER, 201 S. BISCAYNE BLVD. MIAMI, FL 33132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAROCHÉ, RICHARD F JR. 2103 SHANNON DRIVE MURFREESBORO, TN 37129

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BENOIST CASTEA

VP

01/15/2005 205 358 0661

Date

Daytime Phone #

Add: *BENOIST CASTEA - VP*
270 NE 4th St
MIAMI FL 33132