

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000068186

**Entity Name:** MANIN INVESTMENTS CORP.

**Current Principal Place of Business:**

1003 SW 142ND AVE.  
MIAMI, FL 33184

**Current Mailing Address:**

PO BOX 941132  
MIAMI, FL 33194 US

**FEI Number:** 57-1172481

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NIN, CLARIBEL  
1003 SW 142ND AVE.  
MIAMI, FL 33184 US

*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

**Officer/Director Detail :**

Title	PD	Title	SECRETARY, TREASURER
Name	NIN, CLARIBEL	Name	NIN, MIGUEL A
Address	1003 SW 142ND AVE.	Address	1003 SW 142ND AVE.
City-State-Zip:	MIAMI FL 33184	City-State-Zip:	MIAMI FL 33184

Title	VP	Title	DIRECTOR
Name	NIN, CHRISTOPHER B	Name	NIN, NICOLAS A
Address	1003 SW 142ND AVE	Address	1003 SW 142ND AVE.
City-State-Zip:	MIAMI FL 33184	City-State-Zip:	MIAMI FL 33184

Title	DIRECTOR
Name	NIN, GUSTAVO E
Address	1003 SOUTHWEST 142ND AVENUE
City-State-Zip:	MIAMI FL 33194

*I hereby 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 all other like empowered.*

**SIGNATURE:** CLARIBEL NIN

**PRESIDENT**

**04/21/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date