

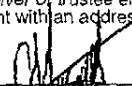


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 31, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 740894</b>					
1. Entity Name <b>MANGO HILL CONDOMINIUM ASSOCIATION NO. 4, INC.</b>					
Principal Place of Business <b>P. O. BOX 110548 1090 W 43 PL HIALEAH FL 33011-0548 US</b>			Mailing Address <b>4445 W 16 AV STE 308 HIALEAH FL 33012 US</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-1850997</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>MIRANDA, JUAN F 1063 W 43RD PL HIALEAH FL 33012</b>				Name	
				Street Address (P O Box Number is Not Acceptable)	
				City	
				State <b>FL</b> Zip Code	
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  DATE <b>5-24-2005</b>					
(NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP		
	<b>PD</b>	<b>MIRANDA, JUAN F</b>	<b>1063 W 43RD PL HIALEAH FL 33012</b>	<input type="checkbox"/> Delete	
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP		
	<b>TD</b>	<b>ALVAREZ, JOAQUIN O</b>	<b>1062 W 43 PL HIALEAH FL 33012</b>	<input type="checkbox"/> Delete	
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP		
	<b>SD</b>	<b>HERRERA, AMADO</b>	<b>1090 W 43RD PL HIALEAH FL 33012</b>	<input type="checkbox"/> Delete	
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP		
				<input type="checkbox"/> Delete	
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP		
				<input type="checkbox"/> Delete	
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP		
				<input type="checkbox"/> Delete	
				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<b>U000000368512 05/31/05-80004-007 61.25</b>	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 617, Florida Statutes, and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  DATE <b>5-24-2005</b> 305) 823-1201					
SIGNATURE OF TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					