

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000000516

Entity Name: MANGARTOO, INC.

FILED
Jan 17, 2006
Secretary of State

Current Principal Place of Business:

1121 CRANDON BOULEVARD
UNIT F1105
KEY BISCAYNE, FL 33149

New Principal Place of Business:

Current Mailing Address:

1121 CRANDON BOULEVARD
UNIT F1105
KEY BISCAYNE, FL 33149

New Mailing Address:

FEI Number: 54-2099553

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANTECON, EMILIO
23595 SW 170TH COURT
HOMESTEAD, FL 33031 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MANTECON, EMILIO
Address: 23595 SW 170 CT.
City-St-Zip: HOMESTEAD, FL 33031

Title: D () Delete
Name: MANTECON, MARIA
Address: 23595 SW 170 CT.
City-St-Zip: HOMESTEAD, FL 33031

Title: D () Delete
Name: GARCIA, JOEL
Address: 1121 CRANDON BOULEVARD UNIT F 1105
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D () Delete
Name: GARCIA, MIA
Address: 1121 CRANDON BOULEVARD UNIT F 1105
City-St-Zip: KEY BISCAYNE, FL 33149

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: JOEL GARCIA

D

01/17/2006

Electronic Signature of Signing Officer or Director

Date