

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90016 031 \*\*\*\*70.00

**DOCUMENT # N99000006652**

1. Entity Name  
**KING MANGO STRUT, INC.**



Principal Place of Business  
**3777 IRVINGTON AVENUE  
COCONUT GROVE, FL 33133**

Mailing Address  
**1600 SOUTH BAYSHORE LANE  
8B  
COCONUT GROVE, FL 33133**

**54007570**



2. Principal Place of Business  
**3659 Loquat Avenue**  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02112004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**65-0965758**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**BALDWIN, ANTOINETTE  
1600 SOUTH BAYSHORE LANE  
#8B  
COCONUT GROVE, FL 33133**

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME **PD TERRY, GLENN** ☐ Delete  
STREET ADDRESS **3777 IRVINGTON AVENUE**  
CITY-ST-ZIP **COCONUT GROVE, FL 33133**

TITLE  
NAME **D DOBSON, WILLIAM** ☐ Delete  
STREET ADDRESS **1015 DOVE AVE**  
CITY-ST-ZIP **MIAMI SPRINGS, FL 33166**

TITLE  
NAME **STD BALDWIN, ANTIONETTE** ☐ Delete  
STREET ADDRESS **1600 SOUTH BAYSHORE LANE #8B**  
CITY-ST-ZIP **COCONUT GROVE, FL 33133**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME **3659 Loquat Avenue** ☒ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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 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

*Antoinette Baldwin* Secretary

2-12-04

Date

305-401-1171

Daytime Phone #