2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006652

Entity Name: KING MANGO STRUT, INC.

Current Principal Place of Business:

999 PONCE DE LEON BLVD #830 CORAL GABLES, FL 33134

Current Mailing Address:

999 PONCE DE LEON BLVD #830 CORAL GABLES. FL 33134 US

FEI Number: 65-0965758 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BROWN, MICHAEL L 999 PONCE DE LEON BLVD #830 CORAL GABLES, FL 33134 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

FILED Apr 29, 2015

Secretary of State

CC7232728875

Officer/Director Detail:

Title D, P Title D, S, T

Name LUCAS, MIKE Name BROWN, MICHAEL L

Address 6337 SW 39 TERRACE Address 999 PONCE DE LEON BLVD #830

City-State-Zip: MIAMI FL 33155 City-State-Zip: CORAL GABLES FL 33134

Title D Title D

Name CRISP, DEBORAH Name HAYES, ALEX

Address 3109 MCDONALD STREET Address 1900 TIGERTAIL AVENUE

City-State-Zip: COCONUT GROVE FL 33133 City-State-Zip: COCONUT GROVE FL 33133

Title D, VP Title D

NameIBARS, GEORGENameKURLAND, NATHANAddress3907 UTOPIA COURTAddress3132 DAY AVENUE

City-State-Zip: COCONUT GROVE FL 33133 City-State-Zip: COCONUT GROVE FL 33133

Title D Title D

Name MCCONNELL, SUE Name IBARS, FAYE

Address 3090 VIRGINIA STREET Address 3907 UTOPIA COURT

City-State-Zip: COCONUT GROVE FL 33133 City-State-Zip: COCONUT GROVE FL 33133

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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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL BROWN

Electronic Signature of Signing Officer/Director Detail

D,S,T

04/29/2015

Date

Officer/Director Detail Continued:

Title D

Name PUJALS, DAVID

Address 4025 SW 9TH TERRACE

City-State-Zip: MIAMI FL 33134