

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000006652

**Entity Name:** KING MANGO STRUT, INC.**Current Principal Place of Business:**3001 PONCE DE LEON BLVD #211  
CORAL GABLES, FL 33134**Current Mailing Address:**3001 PONCE DE LEON BLVD #211  
CORAL GABLES, FL 33134**FEI Number:** 65-0965758**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BROWN, MICHAEL L  
3001 PONCE DE LEON BLVD #211  
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

**Officer/Director Detail :**

Title D, P  
Name LUCAS, MIKE  
Address 6337 SW 39 TERRACE  
City-State-Zip: MIAMI FL 33155

Title D, VP  
Name KING, JACK  
Address 4031 EL PRADO BLVD  
City-State-Zip: COCONUT GROVE FL 33133

Title D  
Name CRISP, DEBORAH  
Address 3109 MCDONALD STREET  
City-State-Zip: COCONUT GROVE FL 33133

Title D  
Name IBARS, GEORGE  
Address 3907 UTOPIA COURT  
City-State-Zip: COCONUT GROVE FL 33133

Title D, S, T  
Name BROWN, MICHAEL L  
Address 3001 PONCE DE LEON BLVD #211  
City-State-Zip: CORAL GABLES FL 33134

Title D  
Name ASHMAN, THERESA  
Address 329 VISCAYA AVENUE  
City-State-Zip: CORAL GABLES FL 33134

Title D  
Name HAYES, ALEX  
Address 1900 TIGERTAIL AVENUE  
City-State-Zip: COCONUT GROVE FL 33133

Title D  
Name KURLAND, NATHAN  
Address 3132 DAY AVENUE  
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 L BROWN****D, S, T****04/29/2014**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	D
Name	MCCONNELL, SUE
Address	3090 VIRGINIA STREET
City-State-Zip:	COCONUT GROVE FL 33133