

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000004250

**Entity Name:** MANGAN, INC.**Current Principal Place of Business:**3901 VIA ORO AVENUE  
LONG BEACH, CA 90810-1401**Current Mailing Address:**3901 VIA ORO AVENUE  
LONG BEACH, CA 90810-1401 US**FEI Number:** 33-0539093**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS ST  
TALLAHASSEE, FL 32301 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            PRESIDENT  
Name            SOLEHJOU, AMIN  
Address        3901 VIA ORO AVENUE  
City-State-Zip: LONG BEACH CA 90810-1401

Title            VP  
Name            JUCKETT, LEE  
Address        3901 VIA ORO  
City-State-Zip: LONG BEACH CA 90810-1401

Title            CORPORATE SECRETARY  
Name            SIMMONS, STEVE  
Address        3901 VIA ORO AVENUE  
City-State-Zip: LONG BEACH CA 90810-1401

Title            CFO  
Name            SEWARD, RUSSELL  
Address        3901 VIA ORO AVENUE  
City-State-Zip: LONG BEACH CA 90810-1401

Title            DIRECTOR  
Name            AKAN, COSKUN  
Address        3901 VIA ORO AVENUE  
City-State-Zip: LONG BEACH CA 90810-1401

Title            DIRECTOR  
Name            BORDEAUX, GARY  
Address        3901 VIA ORO AVENUE  
City-State-Zip: LONG BEACH CA 90810-1401

Title            DIRECTOR  
Name            MANGAN, RICHARD  
Address        3901 VIA ORO AVENUE  
City-State-Zip: LONG BEACH CA 90810-1401

Title            DIRECTOR  
Name            HOFFMAN, MIKE  
Address        3901 VIA ORO AVENUE  
City-State-Zip: LONG BEACH CA 90810-1401

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

**SIGNATURE:** RUSSELL SEWARD**CFO****03/04/2024**

Electronic Signature of Signing Officer/Director Detail

Date