

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 307014

1. Entity Name

FLA-MANGO, INC.



Principal Place of Business

5920 S W 36 TERR
FT LAUDERDALE FL 33312

Mailing Address

5920 S W 36 TERR
FT LAUDERDALE FL 33312

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1147954

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREENFIELD, HOWARD
2791 FLA-MANGO ROAD
LAKE WORTH FL 33460

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 restate)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME GREENFIELD, HOWARD ☐ Delete
STREET ADDRESS 2791 FLA-MANGO RD.
CITY - ST - ZIP LAKE WORTH FL

TITLE ☐ Change ☐ Addition
NAME 000000043576
STREET ADDRESS 02/10/04-80070-011 150.00
CITY - ST - ZIP

TITLE D
NAME GREENFIELD, LENORE ☐ Delete
STREET ADDRESS 2724 N. GARDEN DR.
CITY - ST - ZIP LAKE WORTH FL

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

TITLE T
NAME GREENFIELD, LENORE ☐ Delete
STREET ADDRESS 2724 N. GARDEN DR.
CITY - ST - ZIP LAKE WORTH FL

TITLE ☐ Change ☐ Addition
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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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with any address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 09, 2004 08:00 AM
Secretary of State



MOORE

CR2E034 (11/03)