


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # H82726 1. Entity Name MANGROVE MATTIE'S, INC.	
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Principal Place of Business 1640 SEAWAY DR. FORT PIERCE, FL 34949	Mailing Address 800 N. FLAGLER DR. WEST PALM BCH., FL 33401 US
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DO NOT WRITE IN THIS SPACE



04262005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2689930	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ARSENAULT, GERARD A
2000 PALM BCH LAKES BLVD #1001
SUITE 202
W PALM BCH, FL 33409**

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST- ZIP	PST ARSENAULT, GERARD A 800 N. FLAGLER DR. W PALM BCH, FL
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D HARRY HAMILTON 800 N. FLAGLER DRIVE WEST PALM BEACH, FL
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TITLE NAME STREET ADDRESS CITY-ST- ZIP	

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IN THIS SPACE**

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 an address, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/05 (561) 655 3113
Date Daytime Phone #