2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006582

Entity Name: MANSO FOUNDATION, INC.

FILED Jul 30, 2004 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
10681 SW STE #416 MIAMI, FL				W 164 PL FL 33196			
Current Mailing Address:				New Mailing Address:			
10681 SW STE #416 MIAMI, FL				SW 164 PL FL 33196			
FEI Number	: 65-0961280	FEI Number Applied For ()	FEI Number Not	Applicable ()	Certificate of Status Des	sired (X)	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
20 ALHAM VILLA 5 CORAL GA The above		:134 US submits this statement for the	purpose of chang	ing its registered	d office or registered age	nt, or both,	
	e of Florida. 						
SIGNATU		nic Signature of Registered Ag	ent		 Date		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:) Delete O i PL 416	Title: Name: Address City-St-2	:	() Change () Addition	DIRECTORS	
Title: Name: Address: City-St-Zip:	TD (SOLA, IVONE 10681 SW 156 MIAMI, FL 331		Title: Name: Address City-St-2		() Change () Addition		
Title: Name: Address: City-St-Zip:	SD (JANUION, JOS 10681 SW 156 MIAMI, FL 331	PL 416	Title: Name: Address City-St-2		56 PL 416		
Title: Name: Address: City-St-Zip:	VD (WILLIAMS, DA 10681 SW 156 MIAMI, FL 331	PL 416	Title: Name: Address City-St-2		() Change () Addition		
Title: Name: Address: City-St-Zip:	MD (VALAZQUEZ, F 10681 SW 156 MIAMI, FL 331	PL 416	Title: Name: Address City-St-Z		() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JULIO TORRES PD 07/30/2004