


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 31, 2005 8:00 am**  
**Secretary of State**

01-31-2005 90186 001 \*\*\*\*61.25  
01-31-2005 90186 002 \*\*\*\*\*8.75

<b>DOCUMENT # N99000006582</b>	
1. Entity Name <b>MANSO FOUNDATION, INC.</b>	

Principal Place of Business <b>9872 SW 164 PL MIAMI FL 33196</b>	Mailing Address <b>9872 SW 164 PL MIAMI FL 33196</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
City & State	City & State
Zip	Country




1st MOORE CR2E037 (10/04)

4. FEI Number <b>65-0961280</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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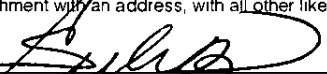
6. Name and Address of Current Registered Agent  <b>VELAZQUEZ, ROGUE 20 ALHAMBRA CIRCLE VILLA 5 CORAL GABLES FL 33134</b>	
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7. Name and Address of New Registered Agent	
Name <b>JULIO TORRES</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>9872 SW 164 PLACE</b>	
City <b>MIAMI</b>	FL Zip Code <b>33196</b>

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  PD	DATE <b>1-24-05</b>

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TORRES, JULIO 10681 SW 156 PL 416 MIAMI FL 33196 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SOLA, IVONE 10681 SW 156 PL 416 MIAMI FL 33196 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JANVION, JOSE 10681 SW 156 PL 416 MIAMI FL 33196 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILLIAMS, DAVIS C III 10681 SW 156 PL 416 MIAMI FL 33196 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD VALAZQUEZ, ROGER H 10681 SW 156 PL 416 MIAMI FL 33196 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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:  <b>JULIO TORRES - PD</b>	DATE <b>1-24-05</b> 305-775-8322