

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006652

FILED
Aug 28, 2009
Secretary of State

Entity Name: KING MANGO STRUT, INC.

Current Principal Place of Business:

3659 LOGUAT AVENUE
COCONUT GROVE, FL 33133

New Principal Place of Business:

3533 PALMETTO AVENUE
COCONUT GROVE, FL 33133

Current Mailing Address:

1600 SOUTH BAYSHORE LANE
8B
COCONUT GROVE, FL 33133

New Mailing Address:

FEI Number: 65-0965758 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BALDWIN, ANTOINETTE
1600 SOUTH BAYSHORE LANE
#8B
COCONUT GROVE, FL 33133 US

Name and Address of New Registered Agent:

BALDWIN, ANTOINETTE M
1600 SOUTH BAYSHORE LANE
#8B
COCONUT GROVE, FL 33133 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: ANTOINETTE BALDWIN

08/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TERRY, GLENN
Address: 3659 LOGUAT AVENUE
City-St-Zip: COCONUT GROVE, FL 33133

Title: STD () Delete
Name: BALDWIN, ANTIONETTE
Address: 1600 SOUTH BAYSHORE LANE #8B
City-St-Zip: COCONUT GROVE, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: TERRY, GLENN
Address: 3533 PALMETTO AVENUE
City-St-Zip: COCONUT GROVE, FL 33133

Title: STD (X) Change () Addition
Name: BALDWIN, ANTIONETTE M
Address: 1600 SOUTH BAYSHORE LANE #8B
City-St-Zip: COCONUT GROVE, FL 33133

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ANTOINETTE BALDWIN

STD

08/28/2009

Electronic Signature of Signing Officer or Director

Date