

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90140 036 ***158.75

DOCUMENT # P00000056982 1. Entity Name STRUCTURAL & MANSORY, INC.					
Principal Place of Business 1344 WEST 72ND STREET HIALEAH, FL 33014			Mailing Address %IVAN A. GOMEZ. ESQ. 601 BRICKEL KEY DR. SUITE 507 MIAMI, FL 33131		
2. Principal Place of Business 5901 N.W. 151st ST.		3. Mailing Address Suite, Apt. #, etc. SUITE 102			
City & State MIAMI, FLORIDA		City & State City: MIAMI State: FL		4. FEI Number 65-1022763	
Zip 33015		Country MIAMI-DADE		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent IAG CORPORATE SERVICES, INC. 601 BRICKELL KEY DRIVE STE 507 MIAMI LAKES, FL 33015			7. Name and Address of New Registered Agent Name: IAG CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable): 601 BRICKELL KEY DRIVE SUITE 507 City: MIAMI State: FL Zip Code: 33131		
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. <div style="text-align: center;"> IAG CORPORATE SERVICES, INC. BY: IVAN A. GOMEZ, PRESIDENT </div> SIGNATURE _____ DATE 3/24/05					
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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ACOSTA, TIMOTHY 7155 N AUGUSTA DR MIAMI LAKES, FL 33015		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ACOSTA, TIMOTHY 5901 N.W. 151st STREET STE. 102 MIAMI, FLORIDA 33015	
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	
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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 an address, with all other like empowered.					
SIGNATURE: TIMOTHY ACOSTA, PRESIDENT <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				(305) 371-9213 <small>Daytime Phone #</small>	