

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000006931

FILED  
Feb 16, 2009  
Secretary of State

Entity Name: MANDY CORP.

**Current Principal Place of Business:**

2360 WEST 68TH STREET  
STORE #108  
HIALEAH, FL 33016

**New Principal Place of Business:**

**Current Mailing Address:**

5931 WEST 16TH AVENUE  
HIALEAH, FL 33012

**New Mailing Address:**

FEI Number: 65-1072973      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GONZALEZ, ORLANDO  
1215 W 80TH ST  
HIALEAH, FL 33014      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GONZALEZ, ARMANDO  
Address: 4452 SW 14TH ST  
City-St-Zip: MIAMI, FL 33134

Title: S ( ) Delete  
Name: GONZALEZ, ORLANDO  
Address: 1215 W 80 ST  
City-St-Zip: HIALEAH, FL 33014

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARMANDO GONZALEZ

PRES

02/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date