2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 29, 2004 08:00 AM Secretary of State **DOCUMENT # P01000022089** MANGROVE COVE, INC. Principal Place of Business Mailing Address 166 HARBOR DRIVE #7C 166 HARBOR DRIVE #7C KEY BISCAYNE, FL 33149 KEY BISCAYNE, FL 33149 CR2E034 (10/03) 04252004 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1084163 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent ZEINER, CAROL L DO NOT WRITE 166 HARBOR DRIVE #7C KEY BISCAYNE, FL 33149 IN THIS SPACE 3. 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. Sonstare, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agers signature required when rematating) DATE U00000141422 FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing **\$5.00** May Be 04/30/04-80011-011 150.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS nne PD ZEINER, CAROL L NAME STREET ADDRESS 166 HARBOR DRIVE #7C CITY-ST-ZIP KEY BISCAYNE, FL 33149 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CTTY-57-28 IN THIS SPACE TITE NAME STREET ADDRESS CITY-ST-7/P IIILE NAME STREET ADDRESS CATY-ST-ZIP MARIT STREET ADDRESS

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 cortify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same logal 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:

Description of the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further cortify that the information indicated on this report of the same logal effect as if made under oath; that I am an officer or director of the corporation of the receiver or trustee empowered by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if the corporation of the receiver or trustee empowered.

SIGNATURE:

Description of the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further cortify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further cortify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further cortify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further cortify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further cortify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further cortify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further cortify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further cortificated in Section 119.07(3)(iii), Florida Statutes. I further cortificated in Section 119.07(3)(iii)

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