


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000022089
 1. Entity Name
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

DO NOT WRITE IN THIS SPACE



02172006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
65-1084163 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

8. Name and Address of Current Registered Agent
ZEINER, CAROL L
166 HARBOR DRIVE #7C
KEY BISCAYNE, FL 33149

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9. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZEINER, CAROL L 166 HARBOR DRIVE #7C KEY BISCAYNE, FL 33149
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: By: *Carol L Zeiner, Pres* **Feb 17, 2006** **305-623-2395**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #