

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90206 043 ***150.00

DOCUMENT # P01000072969	
1. Entity Name MANDALAY CONSTRUCTION & DEVELOPMENT, INC.	

Principal Place of Business 555 NE 15 STREET #11D MIAMI, FL 33132	Mailing Address 555 NE 15 STREET #11D MIAMI, FL 33132
--	--

2. Principal Place of Business 252 W 44 St	3. Mailing Address 252 W 44 St
Suite, Apt. #, etc.	Suite, Apt. #, etc.



04262004 Chg-P CR2E034 (10/03)

City & State Miami FL	City & State Miami FL
Zip 33012	Country US
Zip 33012	Country US

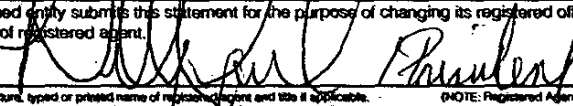
4. FEI Number 65-1130707	Applied For ☐ Not Applicable
------------------------------------	---

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

6. Name and Address of Current Registered Agent	
IZQUIERDO, WILLY 555 NE 15 STREET #11D MIAMI, FL 33132	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
252 W 44 St	
City	Miami FL
Zip	33012

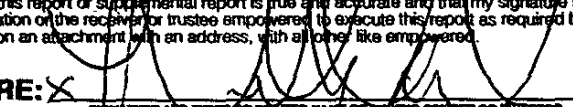
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  **Principal** DATE: 04-23-04

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	IZQUIERDO, WILLY	NAME	
STREET ADDRESS	555 NE 15 STREET #11D	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33132	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  DATE: 04-23-04 786-229-0240