

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

05-10-2004 90464 003 \*\*\*150.00

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05032004 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P02000102545</b>					
1. Entity Name <b>MANGIA MGMT. INC.</b>					
Principal Place of Business <b>5215 OLD GALLOWS WAY NAPLES, FL 34105</b>			Mailing Address <b>5215 OLD GALLOWS WAY NAPLES, FL 34105</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. EE Number <b>30-0167145</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>D'AGOSTINO, LOUIS D 821 FIFTH AVENUE SOUTH, SUITE 201 NAPLES, FL 34102</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	<b>FL</b>	Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>C</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>D'AGOSTINO, FRANK</b>		NAME		
STREET ADDRESS	<b>5215 OLD GALLOWS WAY</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>NAPLES, FL 34105</b>		CITY-ST-ZIP		
TITLE	<b>P</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>D'AGOSTINO, DOMENIC</b>		NAME		
STREET ADDRESS	<b>5215 OLD GALLOWS WAY</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>NAPLES, FL 34105</b>		CITY-ST-ZIP		
TITLE	<b>VP</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>D'AGOSTINO, JOHN</b>		NAME		
STREET ADDRESS	<b>7834 GARDNER DR., #201</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>NAPLES, FL 34109</b>		CITY-ST-ZIP		
TITLE	<b>T</b>	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>D'AGOSTINO, MARIO</b>		NAME	<b>539 Rudder Rd.</b>	
STREET ADDRESS	<b>760 MOORINGLINE DR., #200</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>NAPLES, FL 34102</b>		CITY-ST-ZIP		
TITLE	<b>S</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>D'AGOSTINO, ANNE</b>		NAME		
STREET ADDRESS	<b>5215 OLD GALLOWS WAY</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>NAPLES, FL 34105</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: <b>Anne D'Agostino</b>			Date: <b>4/30/04</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone # <b>2394034070</b>		