2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 14, 2004 8:00 am Secretary of State

DOCUI 1. Entity Nam MANGAR			04-14-2004 90016 019 ***150.00							
Principal Plac	e of Business	Mailing Address			•		7	4036	004	
1121 CRANDON BOULEVARD UNIT F1105 KEY BISCAYNE, FL 33149		1121 CRANDON BOULEVARD UNIT F1105 KEY BISCAYNE, FL 33149			1 (3 5 1 1 5 1 1 1 1	Birl Hir (6): 41/4 [1				
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt, #, etc.			01132004	Chg-P	CR2E0	34 (10/03)		
City & State		City & State			4. FEI Number 54-2099			 	plied For t Applicable	
Zip	Country	Zip	Country		5. Certificate of	f Status Desired		\$8.75 Add Fee Required		
	6. Name and Address of Current	Registered Agent			7. Name and /	Address of New I	Registered	Agent	- "	-
MANTECON EMILIO			Name							
MANTECON, EMILIO 23595 SW 170TH COURT HOMESTEAD, FL 33031			Street A	Street Address (P.O. Box Number is Not Acceptable)						
1								- 4.02		
·			City	City				Zip Code	€	
	named entity submits this statement fo ions of registered agent.	r the purpose of changing its re	egistered office or	registere	ed agent, or both	, in the State of Fl	orida. I am	familiar with,	and accept	
CICALATURE										ļ
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SIGNATURE	Signature, typed or printed name of registered agent	and little if applicable. (NOTE:	Registered Agent signatu	ire required	when reinstating)		DATE			
FIL	Signature, typed or printed name of registered agent E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	9. Election Campaig	n Financing	\$5.	00 May Be		DATE		46144.1414	
FIL	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	9. Election Campaig Trust Fund Contril	n Financing	\$5.	00 May Be ed to Fees	CHANGES TO OFF		DIRECTORS	S IN 11	
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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 an address, with all other the empowered.

CITY-ST-ZIP

SIGNATURE X SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

x4/10/04

303-772-61 Daytime Phone *