

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 02, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000000516

1. Entity Name  
MANGARTOO, INC.



Principal Place of Business  
1121 CRANDON BOULEVARD  
UNIT F1105  
KEY BISCAYNE, FL 33149

Mailing Address  
1121 CRANDON BOULEVARD  
UNIT F1105  
KEY BISCAYNE, FL 33149



**DO NOT WRITE IN THIS SPACE**

01102005 No Chg-P CR2E034 (10/03)

4. FEI Number  
54-2099553  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

MANTECON, EMILIO  
23595 SW 170TH COURT  
HOMESTEAD, FL 33031

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000249209  
03/02/05-80061-008 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	MANTECON, EMILIO
STREET ADDRESS	23595 SW 170 CT.
CITY-ST-ZIP	HOMESTEAD, FL 33031
TITLE	D
NAME	MANTECON, MARIA
STREET ADDRESS	23595 SW 170 CT.
CITY-ST-ZIP	HOMESTEAD, FL 33031
TITLE	D
NAME	GARCIA, JOEL
STREET ADDRESS	1121 CRANDON BOULEVARD UNIT F 1105
CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	D
NAME	GARCIA, MIA
STREET ADDRESS	1121 CRANDON BOULEVARD UNIT F 1105
CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Emilio Mantecon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-26-05* 305-772-615.  
Date Daytime Phone #