


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90366 037 \*\*\*150.00

<b>DOCUMENT # P03000020398</b>		
1. Entity Name <b>MAMBRA INTERNATIONAL, CORP.</b>		

Principal Place of Business <b>185 SE 14 TERRACE SUITE 2212 MIAMI, FL 33131</b>	Mailing Address <b>185 SE 14 TERRACE SUITE 2212 MIAMI, FL 33131</b>
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**50041511**



2. Principal Place of Business <b>8629 SW 137th AVE</b> Suite, Apt. #, etc.	3. Mailing Address <b>8629 SW 137th AVE</b> Suite, Apt. #, etc.
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04022005 Chg-P CR2E034 (10/03)

City & State <b>MIAMI, FL</b>	City & State <b>MIAMI, FL</b>
Zip <b>33183</b>	Country <b>USA</b>

4. FEI Number <b>76-0726737</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent <b>BARRANCO, FRANCISCO A 2394 SW 18 ST MIAMI, FL 33145</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRACHO, JORGE <del>185 SE 14TH TE. SUITE 2212</del> MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRACHO, JORGE <b>8629 SW 137th AVE</b> <b>MIAMI, FL 33183</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MANTELLINI, AINARA <del>185 SE 14TH TE. SUITE 2212</del> MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MANTELLINI, AINARA <b>8629 SW 137th AVE</b> <b>MIAMI, FL 33183</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY MANTELLINI, MIADE I <b>8629 SW 137th AVE</b> <b>MIAMI, FL 33183</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: X [Signature] 03/31/05 (305) 387-5538  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #