


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91232 015 ***150.00

DOCUMENT # P03000047504					
1. Entity Name MANSOR MANDEL GROUP, INC.					
Principal Place of Business 2114 HILLCREST ST. ORLANDO, FL 32803			Mailing Address 2114 HILLCREST ST. ORLANDO, FL 32803		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number	
04302004		Chg-P		CR2E034 (10/03)	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WAN MANSOR, WAN E 8018 WESTMINSTER ABBEY BLVD. ORLANDO, FL 32835			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			2474 LAKE DEBRA DR, APT 3303		
			City ORLANDO		FL
			Zip Code		32835
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)					
Signature, typed or printed name of registered agent and title if applicable.					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing		\$5.00 May Be Added to Fees	
Trust Fund Contribution.		<input type="checkbox"/>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WAN MANSOR, WAN E 8018 WESTMINSTER ABBEY BLVD. ORLANDO, FL 32835	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WAN MANSOR, WAN E 2474 LAKE DEBRA DR, APT. 3303 ORLANDO, FL 32835	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MANDEL, FREDERICK S 127 WEATHER VANE WAY LONGWOOD, FL 32750	<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	VP YI, JIN 6644 IMPERIAL OAK LANE ORLANDO, FL 32819	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP YI, JIN 6644 IMPERIAL OAK LANE ORLANDO, FL 32819	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MALLOS, EMMANUEL 2540, BROOKSTONE DR KISSIMMEE, FL 34744	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MALLOS, EMMANUEL 2540, BROOKSTONE DR KISSIMMEE, FL 34744	<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
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: <i>Wan E. Mansor</i> WAN E. WAN MANSOR 4/30/04 407-523-0755					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					