

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2004 8:00 am
Secretary of State

04-30-2004 90216 010 ***150.00

DOCUMENT # P03000065444 1. Entity Name MANGO HOUSE CORPORATION																								
Principal Place of Business OOALLEN & GALEGO 601 BRICKELL KEY DRIVE SUITE 805 MIAMI, FL 33131		Mailing Address OOALLEN & GALEGO 601 BRICKELL KEY DRIVE SUITE 805 MIAMI, FL 33131																						
2. Principal Place of Business C/O ROBERT ALLEN LAW Suite, Apt. #, etc. 1441 BRICKELL AVE SUITE 1014 City & State MIAMI, FL Zip 33131		3. Mailing Address C/O ROBERT ALLEN LAW Suite, Apt. #, etc. 1441 BRICKELL AVE SUITE 1014 City & State MIAMI, FL Zip 33131																						
4. FEI Number 05-0581519		Applied For ☐ Not Applicable																						
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent ALLEN & GALEGO 601 BRICKELL KEY DRIVE SUITE 805 MIAMI, FL 33131																						
7. Name and Address of New Registered Agent Name ROBERT ALLEN LAW Street Address (P.O. Box Number is Not Acceptable) 1441 BRICKELL AVE SUITE 1014 City MIAMI FL Zip Code 33131		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: By: Robert N. Allen, Jr., President 4/29/04 DATE																						
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																						
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;">NAME</td> <td style="width: 10%; text-align: center;">☐ Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	☐ Delete	STREET ADDRESS			CITY-ST-ZIP			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;">NAME</td> <td style="width: 10%; text-align: center;">☐ Change ☒ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>P-D MARIA EIGHILL</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>1441 BRICKELL AVENUE #1014</td> <td></td> </tr> <tr> <td></td> <td>MIAMI, FL 33131</td> <td></td> </tr> </table>		TITLE	NAME	☐ Change ☒ Addition	STREET ADDRESS	P-D MARIA EIGHILL		CITY-ST-ZIP	1441 BRICKELL AVENUE #1014			MIAMI, FL 33131	
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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 with an address, with all other like empowered.																								
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR By: Robert N. Allen, Jr. 4/29/04 305-372-3302 DATE																								