2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000110286

Entity Name
 MANTILLA & MANSUR ENTERPRISES CORP.



FILED Apr 30, 2004 8:00 am Secretary of State 04-30-2004 90370 046 ***150.00

							1151						
Principal Place of Business				Mailing Address									
300 NW LEIUENE RD STE 808 MIAMI, FL 33126				300 NW LEJUENE RD STE 808 Miami, FL 33126					ir Ge tre Marc		194 al pin a ka n a k	ižna ilbai 1848	
2. Principal P	Place of Busin	3. Mai	3. Mailing Address 17375 Collins Ave										
Suite, Apt.	#, etc.	Suit	Suite, Apt. #, etc. 1002				04272004	Ch	_Э -Р	CR2E	034 (10/03))	
City & State				North MIAMIBE AC				4. FEI Numb 20-		809	7		Applied For Not Applicable
Zip		Country		3160	Cour	ntry SA		5. Certificate	e of Status	Desired		\$8.75 A Fee Requi	
	_6. Name	and Address of Curre	nt Registere	ed Agent		Nome		7. Name an	d Address	of New R	Registered	Agent	
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST							Name Street Address (P.O. Box Number is Not Acceptable)						
4TH FLOOR MIAMI, FL 33145													
	33143					City					Fl	Zip Co	ode .
8. The above the obligat	named entity tions of registe	submits this statement ared agent.	for the purp	ose of changing it	ts register	ed office or	registere	ed agent, or bo	oth, in the	State of Flo	orida.lam	familiar wit	n, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent aignature)								when reinstating)			DATE		
		FEE IS \$150.00 I Fee will be \$55		9. Election Camp Trust Fund Cor		ncing	\$5. Adde	00 May Be ed to Fees					
10.	······································	OFFICERS AN	D DIRECTO	PRS	11.			ADDITIONS	/CHANGE	S TO OFF	ICERS AN	D DIRECTO	RS IN 11
TITLE	PSD			Delete	. па	E						Change	Addition
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STREET ADDRESS*				,- -		ET ADORESS -ST-ZIP	-				ه جمع د میجسی	And the supplier of	-
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NAME CYPEET ADDRESS					NAM							_	
STREET ADORESS CITY-ST-ZIP						ET ADDRESS -ST-ZIP							
12. I hereby of indicated of the cor	on this repor poration or th	information supplied w t or supplemental repor e receiver or trustee en chrient with an address	t is true and ipowered to	accurate and that execute this report	or the exe my signa rt as requi	mption state	ave the e	ame lensi effe	~t ac if ma	ide under i	nath•that l	am an office	or or director
SIGNATURE: EMPLOYERD Jenny H Botero 4/27/04 305-947-4623													
													