


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90099 044 \*\*\*150.00

<b>DOCUMENT # P05000023411</b>	
1. Entity Name <b>MANTRA PRODUCTIONS, INC.</b>	

Principal Place of Business <b>5560 NW 107TH AVE. SUITE #1008 MIAMI, FL 33178</b>	Mailing Address <b>5560 NW 107TH AVE. SUITE #1008 MIAMI, FL 33178</b>
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2. Principal Place of Business - No P.O. Box # <b>10888 NW 79 street</b>	3. Mailing Address <b>10888 NW 79 street</b>
Suite, Apt. #, etc. <b>DORAL</b>	Suite, Apt. #, etc. <b>Doral</b>
City & State <b>FLORIDA</b>	City & State <b>FL</b>

Zip <b>33178</b>	Country <b>USA</b>	Zip <b>33178</b>	Country <b>USA</b>
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6. Name and Address of Current Registered Agent <b>VERGARA, FELIPE PRESID 5560 NW 107TH AVE. SUITE #1008 MIAMI, FL 33178</b>	
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40101111



04262007 Chg-P CR2E034 (12/06)

4. FEI Number <b>20-2337900</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
<b>FL</b>	

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VERGARA, FELIPE 5560 NW 107TH AVE., #1008 MIAMI, FL 33178 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORERO, ADRIANA 5560 NW 107TH AVE., #1008 MIAMI, FL 33178 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VERGARA Felipe <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10888 NW 79 street P Doral, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition FORERO, ADRIANA 10888 NW 79 street, DORAL, FL 33178
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

S-27-07-305-608-8066

Date Daytime Phone #