

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000036897

1. Entity Name
MANDARIN TOWN BUILDERS, INC.



**FILED
Mar 21, 2006 8:00 am
Secretary of State**

02-27-2006 90070 012 ***158.75

66006223



02062006 Chg-P CR2E034 (11/05)

4. FEI Number	Applied For
20-2490287	Not Applicable

5. Certificate of Status Desired	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HARRIS, ELLIOTT 111 S.W. 3RD STREET 6TH FLOOR MIAMI, FL 33130			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		

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: *Elliott Harris* Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remailing) DATE

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete GARCIA-CARRILLO, MICHAEL 111 S.W. 3RD STREET, SIXTH FLOOR MIAMI, FL 33130		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD <input type="checkbox"/> Delete DE GUARDIOLA, GEORGE 111 S.W. 3RD STREET, SIXTH FLOOR MIAMI, FL 33130		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete HARRIS, ELLIOTT 111 S.W. 3RD STREET, SIXTH FLOOR MIAMI, FL 33130		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		
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 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: *Elliott Harris* Secretary 2/9/06 (305) 358-0146
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



ATTACHMENT

46006223

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 2, 2006

MANDARIN TOWN BUILDERS, INC.
14600 S.W. 136TH STREET
MIAMI, FL 33186

Subject: **MANDARIN TOWN BUILDERS, INC.**

Reference Number:

P05000036897

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$158.75; however, the report has not been filed and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION