

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 30, 2007 8:00 am
Secretary of State

07-30-2007 90062 009 ***150.00

DOCUMENT # P06000144514	
1. Entity Name MANGIARBENE, INC.	



Principal Place of Business 404 S. OSPREY #4 SARASOTA, FL 34236	Mailing Address 404 S. OSPREY #4 SARASOTA, FL 34236
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2. Principal Place of Business - No P.O. Box # 4989 RINGWOOD MEADOW	3. Mailing Address 4989 RINGWOOD MEADOW
Suite, Apt. #, etc.	Suite, Apt. #, etc.



07102007 Chg-P CR2E034 (12/06)

City & State SARASOTA FL	City & State SARASOTA FL
Zip 34235	Zip 34235
Country US	Country US

4. FEI Number 20-5996033	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent EDWARDS, SHERYL A ESQUIRE 1515 RINGLING BOULEVARD SUITE 840 SARASOTA, FL 34236	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)	DATE
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FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BIFFI, LUIGI <input type="checkbox"/> Delete 404 S. OSPREY, #4 SARASOTA, FL 34236	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4989 RINGWOOD MEADOW SARASOTA FL 34235
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GUGLIEMI FEDERICO <input type="checkbox"/> Delete GUGLIEMI, FEDERICO 404 S. OSPREY, #4 SARASOTA, FL 34236	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4989 RINGWOOD MEADOW SARASOTA FL 34235
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
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:	Date: 7/31/07	Daytime Phone #: (941) 377 6562
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