2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 21, 2008 8:00 am Secretary of State

ANNUAL KEPUKI					Scoretary or State				
DOCUMENT # P93000047296 1. Entity Name MANSOUR'S, INC.					400	04-21-2008	90091 024	***150	.00
Principal Place of Business Mailing Address					400	75453			
4442 BEGONIA CT 4442 BEGONIA CT WINDERMERE, FL 34786 WINDERMERE, FL 34786			5	A. T. C.		Alea ittii dalii aalit al	nu sán kish istis	REMINISTRAÇÃO (COR.	18 1 il 1 81 1
	lace of Business - No P.O. Box #	3. Mailing Address 44/4 D	WN POINT	lAve					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			04142008	Chg-P	CR2E034	(12/06)	
City & State	DEPMALE FL.	City & State W W DELM RE	F.		4. FEI Number 59-3193				plied For t Applicable
Zip	Country	Zip 2. 128h	Country		**	f Status Desired		3.75 Add e Required	itional
34/8	D 6 Name and Address of Current F	Registered Agent			7. Name and	Address of New.			
MANSOUR, MAGDY A 4442 BEGONIA CT									
				Street Address (P.O. Box Number is Not Acceptable)					
WINDERMORE, FL 34786			441	414 DOWN POINT LANE					
		City W							
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 reinstating) DATE									
FILE NOWI!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees									
10.	OFFICERS AND I	~~~~	11.		ADDITIONS/0	HANGES TO OF			
NAME STREET ADDRESS CITY-ST-ZIP	D MANSOUR, MAGDY 4442 BEGONIA CT WINDEMERE, FL 34786	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	44,	14 DOU	IN PAR MERE.] Change VE 3 47 8	☐ Addition
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TITLE		☐ Delete	TITLE		-			Change	☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						

12. I hereby certify that the information supplied with this filling 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: MASOUR MAGDY MANSOUR 4-17-08 (407)342-9459