


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000065693 1. Entity Name MISSION MANORS, INC.	
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Principal Place of Business 460 N.W. 40TH COURT OAKLAND PARK, FL 33309	Mailing Address 460 N.W. 40TH COURT OAKLAND PARK, FL 33309
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DO NOT WRITE IN THIS SPACE



01272004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0438412	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

BHAGOLO, CHANDERDAI
12410 SAWGRASS CT.
WELLINGTON, FL 33414

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1000000112853 04/14/04-80038-011 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP BHAGOO, CHANDERDAI 12410 SAWGRASS CT. WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TS BHAGOO, CHANDERDAI 12410 SAWGRASS CT. WELLINGTON, FL 33414
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Bhagoo Chanderdai Bhagoo 4-12-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #