

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90150 016 ***150.00

DOCUMENT # P94000028461

1. Entity Name
MANGROVE CORP.



Principal Place of Business
**2323 STATE ROAD 84
FORT LAUDERDALE, FL 33312**

Mailing Address
**2323 STATE ROAD 84
FORT LAUDERDALE, FL 33312**

20054635



04202005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0490783

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**AZURITE CORP. LTD
2323 STATE ROAD 84
FT. LAUD, FL 33312**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DPTS
NAME	ORGLER, HARRY
STREET ADDRESS	560 COKEBURY RD
CITY-ST-ZIP	CLIFTON, NJ 07011
TITLE	AS
NAME	SAVETSKY, RICHARD
STREET ADDRESS	360 LEXINGTON AVENUE 22ND FLOOR
CITY-ST-ZIP	NEW YORK, NY 10017
TITLE	DPTS
NAME	GAIL ZAMPOL
STREET ADDRESS	21119 PIONEER WAY
CITY-ST-ZIP	EDMONDS, WA 98020
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Richard Savatsky* *Richard Savatsky*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #