

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 22, 2007 08:00 AM
Secretary of State

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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
			01182007 Chg-P CR2E034 (12/06)		
			4. FEI Number 65-0490783		Applied For <input type="checkbox"/> Not Applicable
			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent AZURITE CORP. LTD 2323 STATE ROAD 84 FT. LAUD, FL 33312				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		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	AS SAVETSKY, RICHARD 360 LEXINGTON AVENUE 22ND FLOOR NEW YORK, NY 10017 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U000000595229 01/23/07-80031-003 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS YAMPOL, GAIL D2119 PIONEER WAY EDMONDS, WA 98020 <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	VP YAMPOL, DAVID 7 TENNIS COURT ROAD OYSTER BAY, NY 11771 <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	<div style="border: 1px solid black; height: 100px; width: 100%; transform: rotate(45deg); position: relative; margin: 0 auto;"> <div style="position: absolute; top: 0; right: 0;"> <input type="checkbox"/> Delete </div> </div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; height: 100px; width: 100%; transform: rotate(45deg); position: relative; margin: 0 auto;"> <div style="position: absolute; top: 0; right: 0;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; height: 100px; width: 100%; transform: rotate(45deg); position: relative; margin: 0 auto;"> <div style="position: absolute; top: 0; right: 0;"> <input type="checkbox"/> Delete </div> </div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; height: 100px; width: 100%; transform: rotate(45deg); position: relative; margin: 0 auto;"> <div style="position: absolute; top: 0; right: 0;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; height: 100px; width: 100%; transform: rotate(45deg); position: relative; margin: 0 auto;"> <div style="position: absolute; top: 0; right: 0;"> <input type="checkbox"/> Delete </div> </div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; height: 100px; width: 100%; transform: rotate(45deg); position: relative; margin: 0 auto;"> <div style="position: absolute; top: 0; right: 0;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> </div>	
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: <i>Richard Savetsky</i>			<i>Richard Savetsky</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small> 1/19/07		
			<small>Daytime Phone #</small>		