


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 08:00 A
Secretary of State

DOCUMENT # F94000028461	
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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**



01282008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0490783	Applied For Not Applicable
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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, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	AS
NAME	SAVETSKY, RICHARD
STREET ADDRESS	360 LEXINGTON AVENUE 22ND FLOOR
CITY-ST-ZIP	NEW YORK, NY 10017

TITLE	DPTS
NAME	YAMPOL, GAIL
STREET ADDRESS	D2119 PIONEER WAY
CITY-ST-ZIP	EDMONDS, WA 98020

TITLE	VP
NAME	YAMPOL, DAVID
STREET ADDRESS	7 TENNIS COURT ROAD
CITY-ST-ZIP	OYSTER BAY, NY 11771

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/13/08-80021-021 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *Richard Savetsky* *Richard Savetsky*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/08
Date

Daytime Phone #