

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P95000060055

1. Entity Name
MANSFIELD USA, INC.



FILED
SECRETARY OF STATE,
TALLAHASSEE, FLORIDA

08 MAR 12 AM 9:44

Principal Place of Business
**2665 S BAYSHORE DR, STE 302
COCONUT GROVE, FL 33133 US**

Mailing Address
**2665 S BAYSHORE DR, STE 302
COCONUT GROVE, FL 33133 US**

DO NOT WRITE IN THIS SPACE



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0678147

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**MURAI, WALD BIONDO & MORENO, P.A.
2 ALHAMBRA PLAZA
PH 1B
CORAL GABLES, FL 33134**

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FRAGA, ANTONIO O
2665 S BAYSHORE DR, STE 302
COCONUT GROVE, FL 33133**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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700121224237
03/25/08--01042--011 **\$66.25

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/25/2008 305-810-2300