

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90021 046 ***150.00



DOCUMENT # P99000083599
 1. Entity Name
MANTRAS, INC.

Principal Place of Business Mailing Address
5535 NW 74TH AVE. **5535 NW 74TH AVE.**
MIAMI, FL 33166 **MIAMI, FL 33166**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
5520 N.W 72 AVENUE **5520 N.W 72 AVENUE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Bay 15 **Bay 15**

04152008 Chg-P CR2E034 (12/06)

City & State City & State
MIAMI, FL. **MIAMI, FL.**

4. FEI Number Applied For
65-0951107 Not Applicable

Zip Country Zip Country
33166 **USA** **33166** **USA**

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

6. Name and Address of Current Registered Agent
CARLES, RICARDO A
7448 SW 122TH ST
MIAMI, FL 33156

7. Name and Address of New Registered Agent
 Name **RICARDO A. CARLES**
 Street Address (P.O. Box Number is Not Acceptable)
7498 S.W 122 STREET
 City **MIAMI** FL Zip Code **33156**

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 *Ricardo A. Carles* **RICARDO A. CARLES** **4/15/08**
Signature, type or print 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		<input type="checkbox"/> Delete
TITLE	P	<input type="checkbox"/> Delete
NAME	CARLES, RICARDO A	
STREET ADDRESS	7498 SW 122ND ST	
CITY-ST-ZIP	MIAMI, FL 33156	
TITLE	S	<input type="checkbox"/> Delete
NAME	CARLES, MARIA	
STREET ADDRESS	7498 S.W 122 ST	
CITY-ST-ZIP	MIAMI, FL 33156	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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: *Ricardo A. Carles* **04/15/08** **(305) 482-9669**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #