2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 09, 2006 08:00 AN Secretary of State

ANNOAL ILLI ON							
DOCUMENT # V183 1. Entity Name MANGONIA MORTGAGE CO							
Principal Place of Business 441 NE 4TH AVENUE FORT LAUDERDALE, FL 33301 US	Mailing Address PO BOX 030399 FORT LAUDERDALE, FL 33303	3 US					



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

5. Certificate of Status Desired See Required Fee Required

FELDMAN, PETER M 441 NE 4TH AVENUE FORT LAUDERDALE, FL 33301

DO NOT WRITE IN THIS SPACE

SIGNATURE.	Signature types or grinted name of registered agent and title	र applicable (NOTE, Registere	ed Agent signature	a required when refine (grig)	DATE -
	E NOW!!! FEE IS \$150.00 lay 1, 2006 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT PSTD MILLER, JOHN 441 NE 4TH AVENUE FORT LAUDERDALE, FL	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FELDMAN, PETER 441 NE 4TH AVENUE FORT LAUDERDALE, FL			. = .	U00U00426321 02/20/06-80037-018 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby of	certify that the information supplied win this fi	ling does not qualify for the exe	emptions cor	tained in Chapter 119	9. Florida Statutes, I further certify that the information

12. I hereby certify that the officination supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee impossed 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 the other like empowered.

Peter M. Feldman

NTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/06 Date

954-523-4050 Daytime Phone #

_