

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90093 003 ***150.00

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1. Entity Name

MANTRA REALTY CORP.

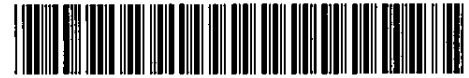


Principal Place of Business

% FRED SCHWARTZ
2715 SPANISH RIVER ROAD
BOCA RATON FL 33432

Mailing Address

% FRED SCHWARTZ
2715 SPANISH RIVER ROAD
BOCA RATON FL 33432



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/04)

City & State

City & State

4. FEI Number

59-2819687

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHWARTZ, ZELMA
2715 SPANISH RIVER ROAD
BOCA RATON FL 33432

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

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME SCHWARTZ, FRED
STREET ADDRESS 2715 SPANISH RIVER ROAD
CITY-ST-ZIP BOCA RATON FL

TITLE STD ☐ Delete
NAME SCHWARTZ, DOUGLAS
STREET ADDRESS 2410 HALYARD DRIVE
CITY-ST-ZIP MERRICK NY

TITLE VPD ☐ Delete
NAME SCHWARTZ, SUSAN
STREET ADDRESS 17992 FOXBOROUGH LANE
CITY-ST-ZIP BOCA RATON FL 33496

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 33432

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 11566

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Fred Schwartz Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/05

FRED SCHWARTZ
Date 561-318-1752 Daytime Phone #