


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2007 APR 25 AM 10:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P95000060055</b> 1. Entity Name <b>MANSFIELD USA, INC.</b>	
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Principal Place of Business 2299 DOUGLAS ROAD 4TH FLOOR MIAMI, FL 33145	Mailing Address 2299 DOUGLAS ROAD 4TH FLOOR MIAMI, FL 33145
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2. Principal Place of Business - No P.O. Box # <i>2665 S. Bayshore Dr.</i>	3. Mailing Address <i>2665 S. Bayshore Dr.</i>
Suite, Apt. #, etc. <i>Suite # 302</i>	Suite, Apt. #, etc. <i>Suite # 302</i>

City & State <i>Coconut Grove, FL</i>	City & State <i>Coconut Grove, FL</i>
Zip <i>33133</i>	Zip <i>33133</i>
Country <i>USA</i>	Country <i>USA</i>



01182007 Chg-P CR2E034 (12/06)

4. FEI Number <b>65-0678147</b>	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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 2299 DOUGLAS RD. 4TH FLOOR MIAMI, FL 33145 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Fraga, Antonio O 2665 S. Bayshore Dr., Suite # 302 Coconut Grove, FL 33133 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	700101463177 05/04/07--01005--003 **2350.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	B 5/3/07 <input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **4/9/07** **(305) 860-2300**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #