


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P95000060055 1. Entity Name MANSFIELD USA, INC.	
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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
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FILED
SECRETARY OF STATE,
TALLAHASSEE, FLORIDA

08 MAR 12 AM 9:44



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0678147	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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	<p style="font-size: 24pt; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
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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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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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
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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: *Antonio O Fraga* 2/25/2008 305-810-2300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #