

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90442 001 ***150.00

DOCUMENT # 563997

1. Entity Name

MONDO CORPORAZIONE, INC.



Principal Place of Business

Mailing Address

~~811 NW 22TH AVE~~
~~MIAMI FL 33125~~
~~US~~

PO BOX 210543
WEST PALM BEACH FL 33421-0543
US



2. Principal Place of Business

3. Mailing Address

8970 WENDY LN W
Suite, Apt. #, etc.
WEST PALM BEACH

Suite, Apt. #, etc.

City & State

City & State

FLA

Zip
33411

Country

USA

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-1818814

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ABRAIRA, ANTONIO
8970 WENDY LANE, WEST
WEST PALM BEACH FL 33411

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, 2006 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME ABRAIRA, ANTONIO
STREET ADDRESS 8970 WENDY LANE WEST
CITY-ST-ZIP WEST PALM BEACH FL

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

TITLE VD ☐ Delete
NAME ABRAIRA, ELENA
STREET ADDRESS 8970 WENDY LANE WEST
CITY-ST-ZIP WEST PALM BEACH FL

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

TITLE SD ☐ Delete
NAME ABRAIRA, ANTONIO
STREET ADDRESS 8970 WENDY LANE WEST
CITY-ST-ZIP WEST PALM BEACH FL

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

TITLE ☐ Delete
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/11/06 305-798-8588