


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90040 002 \*\*\*150.00

**DOCUMENT # 584307**

1. Entity Name  
**VIMONDA, INC.**



Principal Place of Business Mailing Address

185 SE 14 TERRACE 185 SE 14 TERRACE  
 #710 #710  
 MIAMI, FL 33131 MIAMI, FL 33131

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

40102899



04302007 Chg-P CR2E034 (12/06)

4. FEI Number 59-1841588 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LORENA, SANDRA  
 1450 SABAL TRAIL  
 WESTON, FL 33327

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		<input type="checkbox"/> Delete
TITLE	<b>P</b>	
NAME	<b>RAMIREZ PEREZ, MARIA FAUSTINA</b>	
STREET ADDRESS	<b>185 SE 14TH TERRACE #710</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33131</b>	
TITLE	<b>VP</b>	
NAME	<b>AGUILAR RAMIREZ, SANDRA LORENA</b>	
STREET ADDRESS	<b>1450 SABAL TRAIL</b>	
CITY-ST-ZIP	<b>WESTON, FL 33327</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	<b>P</b>		
NAME	<b>Ramirez Perez, Maria Faustina</b>		
STREET ADDRESS	<b>11033 N.W 48 Lane</b>		
CITY-ST-ZIP	<b>Miami FL 33178</b>		
TITLE	<b>VP</b>		
NAME	<b>Aguilar Ramirez, Sandra Lorena</b>		
STREET ADDRESS	<b>11033 N.W 48 Lane</b>		
CITY-ST-ZIP	<b>Miami FL 33178</b>		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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: Sandra Lorena Aguilar Ramirez Date: 04/30/2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR