


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90442 038 \*\*\*\*61.25

**DOCUMENT # N02000000207**

1. Entity Name  
**FEDEE MUNDIAL INC.**



Principal Place of Business  
**1821 DONLIN DRIVE**  
**WELLINGTON, FL 33414**

Mailing Address  
**1821 DONLIN DRIVE**  
**WELLINGTON, FL 33414**

2. Principal Place of Business  
**11821 Donlin Drive**  
 Suite, Apt. #, etc.

3. Mailing Address  
**11821 Donlin Drive**  
 Suite, Apt. #, etc.

City & State  
**Wellington, Florida**

City & State  
**Wellington, Florida**

Zip  
**33414**

Country

Zip  
**33414**

Country



04292004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent

**MOE, RODERICK C**  
**101 NORTH J STREET, STE**  
**LAKE WORTH, FL 33460**

4. FEI Number  
**26-0014147**

Applied For  
 Not Applicable

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

7. Name and Address of New Registered Agent

Name  
**Lautaro - Zapata**

Street Address (P.O. Box Number is Not Acceptable)  
**11821 - DONLIN DR**

City  
**Wellington FL**

Zip Code  
**33414**

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 *Lautaro Zapata* **Lautaro - Zapata** **4/29/04**

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

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ZAPATA, LAUTARO</b> <b>11821 DONLIN DR</b> <b>WELLINGTON, FL 33414</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>VERA, AGUSTIN</b> <b>11821 DONLIN DR</b> <b>WELLINGTON, FL 33414</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WONG, JOAQUIN</b> <b>11821 DONLIN DR</b> <b>WELLINGTON, FL 33414</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RIOS, JORGE</b> <b>11821 DONLIN DR</b> <b>WELLINGTON, FL 33414</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CORDERO, JOSE</b> <b>11821 DONLIN DR</b> <b>WELLINGTON, FL 33414</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, until all other life empowers.

SIGNATURE: *Lautaro Zapata* **Lautaro - Zapata -** **4/29/04** **753-7941**

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