

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90094 046 ***150.00

DOCUMENT # P04000165974					
1. Entity Name MUMPS INTERNATIONAL INC.					
Principal Place of Business 1650 N.W. 25 AVE., APT. 216 MIAMI, FL 33125			Mailing Address 1650 N.W. 25 AVE., APT. 216 MIAMI, FL 33125		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-2474420	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PEREZ, OSCAR E. 1650 N.W. 25 AVE., APT. 216 MIAMI, FL 33125				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE:					
Signature, typed or printed name of registered agent and office if applicable. (NOTE: Registered Agent signature required when renewing) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 fee will be \$550.00			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 NAME STREET ADDRESS CITY-ST-ZIP	DP PEREZ-MENDEZ, OSCAR 1650 N.W. 25 AVE., APT. 216 MIAMI, FL 33125	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP PEREZ, OSCAR E. 1650 N.W. 25 AVE., APT. 216 MIAMI, FL 33125	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PEREZ, BRAULIA M. 1650 N.W. 25 AVE., APT. 216 MIAMI, FL 33125	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PEREZ, MIRNA Y. 1650 N.W. 25 AVE., APT. 216 MIAMI, FL 33125	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
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 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 #					

50049955



04262005 Chg-P CR2E034 (10/03)

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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SIGNATURE: Signature, typed or printed name of registered agent and office if applicable. (NOTE: Registered Agent signature required when renewing) DATE

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After May 1, 2005 fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #