


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # G82386 1. Entity Name MUNDO PUBLISHING CORP.	
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Principal Place of Business 6221 NORTHWEST 179 TER, MIAMI, FL 33015 POST OFFICE BOX 171508 HIALEAH, FL 33017-8508	Mailing Address 6221 NORTHWEST 179 TER, MIAMI, FL 33015 POST OFFICE BOX 171508 HIALEAH, FL 33017-1508 US
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04272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2349102	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GARCIA, ENRIQUE 17403 N.W. 61ST COURT SOUTH HIALEAH, FL 33015

**DO NOT WRITE
IN THIS SPACE**

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**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD NINA M. FRANCISCO A. 6221 NW 179 TERR MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD NUNEZ F., ROSA A. 6221 NW 179 TERR MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD FERNANDEZ, MILAGROS 4524 BROWN ST., APT. 1 UNION CITY, NJ 07087
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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05/15/06-80054-024 158.75

**DO NOT WRITE
IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **4/26/06** (305) 828-2150
Date Daytime Phone #