


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90072 034 \*\*\*\*61.25

<b>DOCUMENT # N02000000207</b> 1. Entity Name <b>FEDEE MUNDIAL INC.</b>					
Principal Place of Business <b>11821 DONLIN DRIVE WELLINGTON, FL 33414</b>			Mailing Address <b>PO BOX 20141 WEST PALM BEACH, FL 33416</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>26-0014147</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>ZAPATA, LAUTARO 11821 DONLIN DR WELLINGTON, FL 33414</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MARTINEZ Y PALACIOS, MARIO</b> <b>2020 PENNSYLVANIA AVE. NW SUITE 184</b> <b>WASHINGTON, DC 20006</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>MERRITT, AMANDA</b> <b>1554 MISSION SPRING</b> <b>HOUSTON, TX 77450</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>SAGNAY, MAURI</b> <b>18501 QUEEN ELIZABETH DR</b> <b>OLNEY, MD 20832</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MENDIETA, VICTOR</b> <b>6000 HIGHBORO DR</b> <b>BETHESDA, MD 20817</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>AGUIRRE, LUIS</b> <b>17320 SW 296 ST</b> <b>HOMESTEAD, FL 33030</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>MOLINA, MARCO A</b> <b>1464 LAKE BREEZE DR</b> <b>WELLINGTON, FL 33414</b> <input type="checkbox"/> Delete		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 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 617, 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.					
<b>SIGNATURE:</b>		<b>MARCO A MOLINA DT</b>		<b>4/10/08 (561)358-3021</b>	
<small>SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

PLEASE  
SEE ANNEX 1  
ATTACHED

# ATTACHMENT

## 2008 NOT-FOR-PROFIT CORPORATION

ANNEX 1

### ANNUAL REPORT

DOCUMENT # N02000000207

40074525

1. Entity Name

FEDEE MUNDIAL INC.

#### 10. OFFICERS AND DIRECTORS

TITLE D/CHAIRMAN  
NAME ZAPATA, LAUTARO  
STREET ADDRESS 11821 DONLIN DR  
CITY- ST- ZIP WEST PALM BEACH FL 33414

TITLE D  
NAME OÑA, RAUL  
STREET ADDRESS 7688 SW 105 PL  
CITY- ST- ZIP MIAMI FL 33173

TITLE D  
NAME ARBOLEDA, MARCELO  
STREET ADDRESS 6403 ROOSEVELT AVE  
CITY- ST- ZIP WOODSIDE NY 11377

TITLE D  
NAME KING, GUSTAVO  
STREET ADDRESS 7329 SUNSHINE CIR  
CITY- ST- ZIP TAMPA FL 33634

TITLE D  
NAME WONG, JOAQUIN  
STREET ADDRESS  
CITY- ST- ZIP

TITLE D  
NAME ALVAREZ, RAMON  
STREET ADDRESS  
CITY- ST- ZIP

TITLE D  
NAME RODRIGUEZ, JOSE ELIAS  
STREET ADDRESS  
CITY- ST- ZIP

TITLE D  
NAME MONJE, WASHINGTON  
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 617, 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 #

MARCO A MONJE DT

4/10/08 (561)358-3021