

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005330

FILED
Apr 26, 2005
Secretary of State

Entity Name: MISSION MUNDI AEBA, CORP

Current Principal Place of Business:

5541 NE 33RD AVE.
FT. LAUDERDALE, FL 33308

New Principal Place of Business:

Current Mailing Address:

5541 NE 33RD AVE.
FT. LAUDERDALE, FL 33308

New Mailing Address:

FEI Number: 20-1179467

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

OLIVEIRA, NIVALDA D
1074 NW 13TH STREET #257-C
BOCA RATON, FL 334862239 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: OLIVEIRA, NIVALDA D
Address: 4513 WEST ATLANTIC BLVD. #1910
City-St-Zip: COCONUT CREEK, FL 33066

Title: VD () Delete
Name: LIMA, SONIA B
Address: 5541 NE 33RD AVE.
City-St-Zip: FT. LAUDERDALE, FL 33308

Title: SD () Delete
Name: FERRERIRA, JONAS D
Address: 6800 NW 39TH AVENUE #64
City-St-Zip: COCONUT CREEK, FL 33073

Title: TD () Delete
Name: MATOS, ROY G
Address: 891 CYPRESS PARK WAY #F
City-St-Zip: POMPANO BEACH, FL 33064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SONIA LIMA

VD

04/26/2005

Electronic Signature of Signing Officer or Director

Date