## 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P00000065246

Entity Name: CATMANDO, INC.

FILED Nov 16, 2005 Secretary of State

Current Princip	pal Place of Business:	New Principal Place of Business

750 W. LUMSDEN ROAD 750 WEST LUMSDEN ROAD

SUITE A SUITE A

BRANDON, FL 33511 US

Current Mailing Address: New Mailing Address:

750 W. LUMSDEON ROAD 750 WEST LUMSDEN ROAD SUITE A SUITE A

BRANDON, FL 33511 US

FEI Number: 59-3657117 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NELSON, SCOTT F 4890 WEST KENNEDY AVENUE SUITE 240 TAMPA, FL 33609 US

**OFFICERS AND DIRECTORS:** 

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: DP (X) Change () Addition

 Name:
 ROSS, CHARLES
 Name:
 ROSS, CHARLES

 Address:
 4712 WHITE CLIFF PLACE
 4712 WHITE CLIFF PLACE

 City-St-Zip:
 DOVER, FL 33527
 City-St-Zip:
 DOVER, FL 33527 US

Title: D ( ) Delete Title: DVP (X) Change ( ) Addition

Name: ROSS, SHELLEY Name: ROSS, SHELLEY

Address: 4712 WHITE CLIFF PLACE
City-St-Zip: DOVER, FL 33527

Address: 4712 WHITE CLIFF PLACE
City-St-Zip: DOVER, FL 33527 US

Title: VPC ( ) Delete Title: VP (X) Change ( ) Addition

Name:HIDALGO, IGNACIOName:HIDALGO, IGNACIOAddress:20 PINEWOOD CIRCLEAddress:20 PINEWOOD CIRCLECity-St-Zip:SAFETY HARBOR, FL 34695City-St-Zip:SAFETY HARBOR, FL 34695

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES ROSS DP 11/16/2005