

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000065246

FILED  
Jan 07, 2008  
Secretary of State

Entity Name: CATMANDO, INC.

**Current Principal Place of Business:**

9720 PRINCESS PALM AVE. SUITE 140  
TAMPA, FL 33619 US

**New Principal Place of Business:**

3901 COCONUT PALM DR., STE. 115  
TAMPA, FL 33619 US

**Current Mailing Address:**

P.O. BOX 89239  
TAMPA, FL 33689

**New Mailing Address:**

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

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

NEAL, A.R.  
911 CHESTNUT STREET  
CLEARWATER, FL 33756 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: ROSS, CHARLES  
Address: 727 SWILLEY LOOP  
City-St-Zip: PLANT CITY, FL 33567 US

Title: DVP ( ) Delete  
Name: ROSS, SHELLEY  
Address: 727 SWILLEY LOOP  
City-St-Zip: PLANT CITY, FL 33567 US

Title: VP ( ) Delete  
Name: HIDALGO, IGNACIO  
Address: 20 PINWOOD CIRCLE  
City-St-Zip: SAFETY HARBOR, FL 34695

**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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

01/07/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date