

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 16, 2007 08:00 AM
Secretary of State**

DOCUMENT # P00000065246

**1. Entity Name
CATMANDO, INC.**



**Principal Place of Business
9720 PRINCESS PALM AVE. SUITE 140
TAMPA, FL 33619 US**

**Mailing Address
P.O. BOX 89239
TAMPA, FL 33689**



01102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
59-3657117**

**Applied For
Not Applicable**

**5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

**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, 2007 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution. ☐**

**\$5.00 May Be
Added to Fees**

**1100000585482
01/16/07-80035-004 150.00**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	ROSS, CHARLES
STREET ADDRESS	727 SWILLEY LOOP
CITY-ST-ZIP	PLANT CITY, FL 33567
TITLE	DVP
NAME	ROSS, SHELLEY
STREET ADDRESS	727 SWILLEY LOOP
CITY-ST-ZIP	PLANT CITY, FL 33567
TITLE	VP
NAME	HIDALGO, IGNACIO
STREET ADDRESS	20 PINWOOD CIRCLE
CITY-ST-ZIP	SAFETY HARBOR, FL 34695

**DO NOT WRITE
IN THIS SPACE**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
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 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

1/11/07

Date

(813) 689-5555

Daytime Phone #