## 2007 FOR PROFIT CORPORATION

SIGNATURE: \_

TITLE

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

**FILED** 5, 2007 08:00 AM cretary of State

ANN	Feb 05				
DOCUMENT # P00000 1. Entity Name MUNA & MONA INC.		Sec			
Principal Place of Business	Mailing Address		1		
401 NW 27TH AVENUE POMPANO BEACH, FL 33069	3200 W. BROWARD BLVD. Fort Lauderdale, Fl 333	12 US			
		<u> </u>			
		05	01312007	No Chg-P	C
DO NOT WRITE IN THIS SPACE			4. FEI Number 65-1079701		
		•	5. Certificate o	of Status Desired	ı <b>(</b>
6. Name and Address of	Current Registered Agent	-	1		
HAMMAD, AMJAD 401 NW 27TH AVENUE			. <b>DO</b> 1	NOT W	۷R

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 AND TYPED OR PRINTED NAME OF SIGNAG OFFICER OR DIRECTOR

401 NW 27T	TH AVENUE 3	3200 W. BROWARD BLVD. FORT LAUDERDALE, FL 33312 US						
DO NOT WRITE IN THIS SPACE			65-1079					
	6. Name and Address of Current Regis	tered Agent						
POMPANO	7TH AVENUE O BEACH, FL 33069	-		IN T	NOT WI	ACE		
	named entity submits this statement for the plans of registered agent.	ourpose of changing its register	ed office or re	gistered agent, or both	n, in the State of Flor			
0.0.4.10.122	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registere	d Agent signaturs	required when reinstating)		DATE		
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	<ol> <li>Election Campaign Finar Trust Fund Contribution.</li> </ol>	ncing	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	CTORS		<del></del>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAMMAD, AMJAD 401 NW 27TH AVENUE POMPANO BEACH, FL 33069		,		0000 02.004.00	)00619937 )7-80016-020 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			:		02/03/(	,,- <sub>00</sub> 010-020 130.0		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			; ;	DO	NOT W	RITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN 7	THIS SP	ACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME					٠			

Daytime Phone #