2004 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P00000098522

1. Entity Name MONCADA, INC.



FILED Apr 26, 2004 8:00 am Secretary of State

04-26-2004 90476 048 ***150.00

Country Zip Country Se. Certificate of Status Desired \$8.75 Additional Fee Required See Required							(S						
ORLANDO, FL 32801 Andeling Address Suito, Apt #, etc. Suito, Apt #, etc. O1092004 Chg. P CR2E034 (10103) No. Applied Sp. 36809228 No. Applied Sp. 36809228 No. Applied Sp. 36809228 Applied Sp. 36809228 Applied Sp. 36809228 No. Conflicture of Sp. 36809228 Sc. Certificate of Sp. 36809228 No. Applied Sp. 36809228 No. Applied Sp. 36809228 No. Certificate of Sp. 36809228 No. Certificate of Sp. 36809228 No. Certificate of Sp. 36809228 Sc. Certificate of Sp. 36809228 No. Certificate of Sp. 3680928 No. Cer	Principal Plac	e of Busines	3	Ma	iling Address					ο.	400TH	-	
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S. P. S. Additional Country S. D. Country S. Certificate of Status Desired S. 7. S. Additional Fine Required Agent T. Name and Address of New Registered Agent T. Name and Address of New Registered Agent Name Name Street Address of New Registered Agent T. Name and Address T. Name and Address of New Registered Agent T. Name and Address of New Registered Agent T. Name and Address of New Registered Agent T. Name and Address T. Nam	City & State			City & State								<u> </u>	oplied For ot Applicab
CORPDIRECT AGENTS 103 N. MERIDIAN STREET LOWER LEVEL TALLAHASSEE, FL 32301 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I em familiar with, and active obligations of registered agent or registered agent, or both, in the State of Florida. I em familiar with, and active obligations of registered agent. SIGNATURE FILE NOWILI FEE IS \$450.00 After May 1, 2004 Fee will be \$550.00 9. Electron Cempsign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE AUSTER ADMITS AUSTER ADMITS SWITZERLAND. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 IN ADDITIONS/CHANGES TO OF	Zip	Country Zip			ip	Country							
CORPORECT AGENTS 103 N. MERIDIAN STREET LOWER LEVEL TALLAHASSEE, FL 32301 City FL Zip Code		6. Name	and Address of Current	Regist	ered Agent			_	7. Name and	Address of New	Registered	Agent	
Street Address (P.O. Box Number is Not Acceptable) City			<u> </u>				Name						
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am Tamiliar with, and act the obligations of registered agent. SIGNATURE Signature, spend or primed name of registered agent and sife it replaceable. NOTE: Registered Agent signature requirement worth rendating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE D. OFFICERS AND DIRECTORS OTIV-S1-2P SWITZERLAND. TITLE D. ORDON CH-1209 GENEVA SWITZERLAND. TITLE D. ORDON KURZ, PETER SWITZERLAND. TITLE D. ORDON KURZ, PETER SWITZERLAND. TITLE D. ORDON WEBSER, JEAN-PIERRE SIRECT ADDRESS OTIV-S1-2P TITLE D. ORDON WEBSER, JEAN-PIERRE SIRECT ADDRESS OTIV-S1-2P ORLANDO, FL 32801 TITLE D. ORDON WEBSER, JEAN-PIERRE SIRECT ADDRESS OTIV-S1-2P ORLANDO, FL 32801 TITLE NAME STREET ADDRESS OTIV-S1-2P Delete TITLE NAME STREET ADDRESS OTIV-S1-2P ONLANDO, FL 32801 TITLE NAME STREET ADDRESS	103 N. ME	RIDIAN S	TREET LOWER LEV	/EL			Street A	ddress (P.O. Box Numb	er is Not Acceptat	ole)		
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP NAME STREET ADDRESS STORY SAMD CLASSES 19 CH-4054 BASEL STREET ADDRESS CITY-ST-ZIP SWITZERLAND, TITLE D Delete NAME STREET ADDRESS STREET ADDRES				or the p	urpose of changing its	registere	ed office or	register	ed agent, or bo	th, in the State of I	Florida. I an	familiar with,	and accep
After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. TITLE D. AUFSEESSER, ERNST STREET ADDRESS CITY-ST-ZIP TITLE D. CHANGE STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE D. CHANGE STREET ADDRESS CITY-ST-ZIP SWITZERLAND, TITLE D. CHANGE STREET ADDRESS CITY-ST-ZIP TITLE D. CHANGE STREET ADDRESS CITY-ST-ZIP SWITZERLAND, TITLE D. CHANGE STREET ADDRESS CITY-ST-ZIP TITLE D. CHANGE STREET ADDRESS CITY-ST-ZIP TITLE D. CHANGE STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32801 TITLE D. CHANGE STREET ADDRESS CITY-ST-ZIP TITLE D. CHANGE STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32801 TITLE D. CHANGE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE D. CHANGE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE D. CHANGE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE D. CHANGE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-Z	SIGNATURE.	Signature, typed	or printed name of registered agent	and title it	applicable. (NOTI	E: Registere	d Agent signati	ure required	1 when reinstating)		DATE		
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12. Thereby certify that the information supplied with this filling does not qualify 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 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.

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SIGNATURE AND TYPED OR PRINTED JAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #