2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000098522

1. Entity Name
MONCADA, INC.

Principal Place of Business	Mailing Address
STE. 1700, 255 S ORANGE AVE ORLANDO, FL 32801	STE. 1700, 255 S ORANGE AVE ORLANDO, FL 32801

DO NOT WRITE IN THIS SPACE

01302006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3680928
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORPDIRECT AGENTS
515 E. PARK AVE.
TALLAHASSEE, FL 32301

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VSD
NAME	AUFSEESSER, ERNST
STREET ADDRESS	20, CH. COLLADON CH-1209 GENEVA
CITY-ST-ZIP	SWITZERLAND,
TITLE	TD
NAME	KURZ, PETER
STREET ADDRESS	35, CH. DE LA SEYMAZ CH-1253 VANDOEUVRES
CITY-ST-ZIP	SWITZERLAND,
TITLE	D
NAME	WEBER, JEAN-PIERRE
STREET ADDRESS	BELCHENSTRASSE 19 CH-4054 BASEL
CITY-ST-ZIP	SWITZERLAND,
TITLE	PD
NAME	ROSS, THOMAS T
STREET ADDRESS	STE. 1700, 255 S ORANGE AVE
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	V
NAME	SAATHOFF, DWIGHT D
STREET ADDRESS	255 S. ORANGE AVE.
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/01/06-80039-022 150.00

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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 any address, with all other like empowered.

SIGNATURE: _____ 3/27/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #