



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90112 008 \*\*\*150.00

<b>DOCUMENT # P01000010702</b> 1. Entity Name <b>MONDONGO'S, INC.</b>																																					
Principal Place of Business <b>5429 NW 113TH COURT DORAL, FL 33178</b>			Mailing Address <b>5429 NW 113TH COURT DORAL, FL 33178</b>																																		
2. Principal Place of Business <b>10200 NW 25 St</b> Suite, Apt. #, etc. <b>101</b> City & State <b>Doral, FL</b> Zip <b>33172</b>		3. Mailing Address <b>10200 NW 25 St</b> Suite, Apt. #, etc. <b>101</b> City & State <b>Doral, FL</b> Zip <b>33172</b>																																			
01192006 Chg-P CR2E034 (11/05)				4. FEI Number <b>65-1089201</b>																																	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable																																	
6. Name and Address of Current Registered Agent  <b>VELAZQUEZ, CLAUDIA M 5429 NW 113TH COURT DORAL, FL 33178</b>			7. Name and Address of New Registered Agent Name <b>VELAZQUEZ, CLAUDIA M</b> Street Address (P.O. Box Number is Not Acceptable) <b>10200 NW 25 St Suite 101</b> City <b>Doral, FL</b> Zip Code <b>33172</b>																																		
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 * <u>Marcela Velasquez V.</u> <b>Marcela Velasquez</b> <b>01/19/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																			
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <b>PD VELAZQUEZ, CLAUDIA M 5429 NW 113TH COURT DORAL, FL 33178</b> <input checked="" type="checkbox"/> Delete         </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD VELAZQUEZ, CLAUDIA M 5429 NW 113TH COURT DORAL, FL 33178</b> <input checked="" type="checkbox"/> Delete															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <b>PD VELAZQUEZ, CLAUDIA M 10200 NW 25 St Suite 101 Doral, FL 33172</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD VELAZQUEZ, CLAUDIA M 10200 NW 25 St Suite 101 Doral, FL 33172</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition														
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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 an address, with all other like empowered.																																					
SIGNATURE: * <u>Marcela Velasquez V.</u> <b>01/19/06</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #</small>																																					