

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90069 011 ***150.00

24002490



DOCUMENT # P01000095159
 1. Entity Name
DOS MUNDOS, INC.



Principal Place of Business: **848 BRICKELL AVENUE, SUITE 1000 MIAMI, FL 33131**
 Mailing Address: **848 BRICKELL AVENUE, SUITE 1000 MIAMI, FL 33131**

2. Principal Place of Business: **407 Lincoln Rd**
 Suite, Apt. #, etc.: **502**
 3. Mailing Address: **407 Lincoln Road**
 Suite, Apt. #, etc.: **Suite 502**

City & State: **MIAMI BEACH FL**
 Zip: **33139** Country: **USA**
 City & State: **Miami Beach, FL**
 Zip: **33139** Country:

01062004 Chg-P CR2E034 (10/03)
 4. FEI Number: **65-1142137**
 Applied For: Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
MURAI, WALD, BIONDO & MORENO, P.A.
900 INGRAHAM
25 S.E. 2ND AVENUE
MIAMI, FL 33131

7. Name and Address of New Registered Agent
 Name:
 Street Address (P.O. Box Number is Not Acceptable):
 City: **FL** Zip Code:

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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MUNOZ, GONZALO	
STREET ADDRESS	407 LINCOLN RD, SUITE 502	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TORRES, ANGEL E	
STREET ADDRESS	407 LINCOLN RD., SUITE 502	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing 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 information.

SIGNATURE: *Angel E. Torres* *Angel E. Torres* *1/20/04* *305/672-0205*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #