

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000114247

Entity Name: 1MUNDO, INC.

FILED  
Apr 29, 2005  
Secretary of State

## Current Principal Place of Business:

5700 MEMORIAL HWY STE 201  
TAMPA, FL 33615

## New Principal Place of Business:

5700 MEMORIAL HWY STE 202A  
TAMPA, FL 33615

## Current Mailing Address:

5700 MEMORIAL HWY STE 201  
TAMPA, FL 33615

## New Mailing Address:

PO BOX 26533  
TAMPA, FL 33623

FEI Number: 59-3756524

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PARDO, PATRICIA  
5700 MEMORIAL HWY STE 201  
TAMPA, FL 33615 US

## Name and Address of New Registered Agent:

PARDO, PATRICIA  
5700 MEMORIAL HWY STE 202A  
TAMPA, FL 33615 US

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.

SIGNATURE:

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: PARDO, PATRICIA  
Address: 5700 MEMORIAL HWY SUITE 201  
City-St-Zip: TAMPA, FL 33615

Title: D ( ) Delete  
Name: PARDO, VENANCIO  
Address: 5700 MEMORIAL HWY. SUITE 201  
City-St-Zip: TAMPA, FL 33615

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: PARDO, PATRICIA  
Address: 5700 MEMORIAL HWY SUITE 202A  
City-St-Zip: TAMPA, FL 33615

Title: D (X) Change ( ) Addition  
Name: PARDO, VENANCIO  
Address: 5700 MEMORIAL HWY. SUITE 202A  
City-St-Zip: TAMPA, FL 33615

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA PARDO

P

04/29/2005

Electronic Signature of Signing Officer or Director

Date