2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000030858

1. Entity Name
MONDRAGON GOLF, INC.

Principal Place of Business	Mailing Address
P.O. BOX 640	P.O. BOX 640
INVERNESS, FL 34451-0640	INVERNESS, FL 34451-0640

DO NOT WRITE IN THIS SPACE

03062005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
04-3638606	Not Applicable

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

6. Name and Address of Current Registered Agent

MONDRAGON, MAURO
5761 S. DEDE TERR.
INVERNESS, FL 34452

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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 _____

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10.	OFFICERS AND DIRECTORS		
TITLE	D		
NAME	MONDRAGON, MAURO		
STREET ADDRESS	P.O. BOX 640		
CITY-ST-ZIP	INVERNESS, FL 344510640		
TITLE	D		
NAME	MONDRAGON, IRIS D		
STREET ADDRESS	P.O. BOX 640		
CITY-ST-ZIP	INVERNESS, FL 344510640		
TITLE			
NAME			
STREET ADDRESS			
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NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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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 empowered

SIGNATURE: _____ Mauro Mondragou   03/28/05 (352)344-0001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #