



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90240 010 ***150.00

DOCUMENT # P02000094814 1. Entity Name MUNDIAL DE ENVIOS, INC					
Principal Place of Business 5202 HEMINGWAY CIRCLE 2409 NAPLES, FL 34116			Mailing Address 5202 HEMINGWAY CIRCLE 2409 NAPLES, FL 34116		
2. Principal Place of Business 2124 AIRPORT RD. S. Suite, Apt. #, etc. STE. 101 City & State NAPLES, FL Zip 34112		3. Mailing Address 4001 SANTA BARBARA BLVD Suite, Apt. #, etc. # 320 City & State NAPLES, FL Zip 34104			
Country USA		Country USA		04222004 Chg-P CR2E034 (10/03)	
4. FEI Number 41-2056648				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent RUIZ, DIANA 5202 HEMINGWAY CIRCLE 2409 NAPLES, FL 34116	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>				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 _____ <small>Signatures, typed or printed name of registered agent and if not applicable, (NOTE: Registered Agent signature required when transferring)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RUIZ, DIANA 5202 HEMINGWAY CIRCLE STE 2409 NAPLES, FL 34116		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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 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: <u><i>Diana Ruiz</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-26-04 (239) 774-1119 <small>Date Declared Officer</small>		