


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90039 037 ***150.00

DOCUMENT # P02000117335 1. Entity Name MONDO REALTY CORP.					
Principal Place of Business 2999 N.E. 191ST STREET, SUITE 900 AVENTURA, FL 33180			Mailing Address 2999 N.E. 191ST STREET, SUITE 900 AVENTURA, FL 33180		
2. Principal Place of Business 2999 N.E. 191ST STREET,		3. Mailing Address 2999 N.E. 191ST STREET,			
Suite, Apt. #, etc. SUITE 700		Suite, Apt. #, etc. SUITE 700			
City & State AVENTURA, FL		City & State AVENTURA, FL		4. FEI Number 42-1559895	
Zip 33180		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHIFFMAN, ADAM R ESQ. 2999 N.E. 191ST STREET, SUITE 900 AVENTURA, FL 33180				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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE					
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	DPST LANG, INGO B 2999 N.E. 191ST STREET, SUITE 700 AVENTURA, FL 33180	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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>Ingo B. Lang</u> 02-18-04 305-792-2750 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					