

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000134123

1. Entity Name
OTRO MUNDO, INC.



Principal Place of Business
407 LINCOLN RD, STE 502
MIAMI BEACH, FL 33139

Mailing Address

2. Principal Place of Business - No P.O. Box #

407 LINCOLN RD

3. Mailing Address

407 LINCOLN RD, STE 502
MIAMI BEACH, FL 33139

Suite, Apt. #, etc.

PH. N

4. FEI Number

74-3074933

Applied For

Not Applicable

City & State

MIAMI BEACH FL

City & State

MIAMI BEACH FL

Zip

33139

Zip

33139

Country

Country

01082008 Chg-P CR2E034 (12/06)

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MURAI, WALD, BIONDO & MORENO, P.A.
407 LINCOLN RD
SUITE 502
MIAMI BEACH, FL 33139

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

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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME MUNOZ, GONZALO
STREET ADDRESS 407 LINCOLN RD SUITE 502
CITY-ST-ZIP MIAMI BEACH, FL 33139

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change Addition

407 LINCOLN RD PH-N

TITLE VP
NAME TORRES, ANGEL E
STREET ADDRESS 407 LINCOLN RD, SUITE 502
CITY-ST-ZIP MIAMI BEACH, FL 33139

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change Addition

407 LINCOLN RD PH-N

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

Delete

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STREET ADDRESS

CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Crys. L. Angel E. Torres*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/08 (305) 672-0200

Date

Daytime Phone #

