

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000082311

Entity Name: MUNDAS INC.

FILED
Feb 27, 2009
Secretary of State

Current Principal Place of Business:

2600 DOUGLAS ROAD
SUITE 717
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

2600 DOUGLAS ROAD
SUITE 717
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RANAUDO, DANIEL
Address: 14505 COMMERCE WAY, SUITE 700
City-St-Zip: MIAMI LAKES, FL 33016

Title: D () Delete
Name: MALLOY, NEIL
Address: 14505 COMMERCE WAY, SUITE 700
City-St-Zip: MIAMI LAKES, FL 33016

Title: D () Delete
Name: CASANOVA, FRANCISCO
Address: 14505 COMMERCE WAY, SUITE 700
City-St-Zip: MIAMI LAKES, FL 33016

Title: P () Delete
Name: PINATE, LUIS
Address: 2600 DOUGLAS ROAD, SUITE 717
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LUIS PINATE

D

02/27/2009

Electronic Signature of Signing Officer or Director

Date