2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000047761

1. Entity Name
MONDA'S, INC.

Principal Place of Business	Mailing Address
5214 OCEAN BLVD. SARASOTA, FL 34242	5214 OCEAN BLVD. SARASOTA, FL 34242

01122004   No Chg-P   CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0421635	Applied For Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

D'AMBROSIO, EDMUNDA
5214 OCEAN BLVD.
SARASOTA, FL 34242

DO NOT WRITE IN THIS SPACE

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, 2004 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000132637 04/27/04-80055-015 150.00

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	D'AMBROSIO, EDMUNDA
STREET ADDRESS	101 OGDEN ST
CITY-ST-ZIP	SARASOTA, FL

TITLE	D
NAME	RICCIARDI, RICHARD
STREET ADDRESS	101 OGDEN ST
CITY-ST-ZIP	SARASOTA, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

TITLE	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _Richard L. Ricciard_   4-25-04   941-349-74 _
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #