

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000082387

FILED
Apr 27, 2005
Secretary of State

Entity Name: MUNDO PIEL DISTRIBUTION, INC.

Current Principal Place of Business:

8370 STATE RD. 84
DAVIE, FL 33324

New Principal Place of Business:

Current Mailing Address:

19451 SHERIDAN ST.
#233
PEMBROKE PINES, FL 33332 US

New Mailing Address:

FEI Number: 65-0949393 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VISCIDO, GLORIA
4293 LAUREL RIDGE CIRCLE
WESTON, FL 33331 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: VISCIDO, GLORIA
Address: 4293 LAUREL RIDGE CIRCLE
City-St-Zip: WESTON, FL 33331

Title: ST () Delete
Name: AGUILAR, LUIS
Address: 4299 LAUREL RIDGE CIR.
City-St-Zip: WESTON, FL 33331

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: ST (X) Change () Addition
Name: AGUILAR, LUIS
Address: 14968 SW 34TH STREET
City-St-Zip: DAVIE, FL 33331

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GLORIA VISCIDO

D

04/27/2005

Electronic Signature of Signing Officer or Director

_____ Date