

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V69079

Entity Name: MONDO UOMO, INC.

FILED  
May 12, 2008  
Secretary of State

**Current Principal Place of Business:**

MONDO UOMO  
4232 GULF SHORE BLVD  
NAPLES, FL 34103 US

**New Principal Place of Business:**

**Current Mailing Address:**

MONDO UOMO  
4232 GULF SHORE BLVD  
NAPLES, FL 34103 US

**New Mailing Address:**

FEI Number: 65-0367007      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BOYAR .LYNN  
4232 GULF SHORE BLVD  
NAPLES, FL 34103 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: PD ( ) Delete  
Name: BOYAR, LYNN  
Address: 6685 STONEGATE DR  
City-St-Zip: NAPLES, FL 34109

Title: V ( ) Delete  
Name: BOYAR, ARDACHES  
Address: 6685 STONEGATE DR  
City-St-Zip: NAPLES, FL 34109

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: ARDA BOYAR

V

05/12/2008

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date