

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000098522

**Entity Name:** MONCADA, INC.**Current Principal Place of Business:**5401 SOUTH KIRKMAN RD, STE 650  
ORLANDO, FL 32819**Current Mailing Address:**5401 SOUTH KIRKMAN RD, STE 650  
ORLANDO, FL 32819**FEI Number:** 59-3680928**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US*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:** BOURGER, DOMINIQUE

01/29/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                                |
|-----------------|--------------------------------|
| Title           | TD                             |
| Name            | KURZ, PIERRE                   |
| Address         | 35, CH. DE LA SEYMAZ           |
| City-State-Zip: | VANDOEUVES CH-1253             |
| Title           | PD                             |
| Name            | ROSS, THOMAS T                 |
| Address         | 5401 SOUTH KIRKMAN RD, STE 650 |
| City-State-Zip: | ORLANDO FL 32819               |

|                 |                                 |
|-----------------|---------------------------------|
| Title           | MGR                             |
| Name            | BOURGER, DOMINIQUE              |
| Address         | 2, ROUTE DE LA CLAIE AUX MOINES |
| City-State-Zip: | 1000 LAUSANNE 26                |
| Title           | TREASURER                       |
| Name            | FIORETTI, CHRISTIAN             |
| Address         | 2, ROUTE DE LA CLAIE AUX MOINES |
| City-State-Zip: | 1000 LAUSANNE 26                |

*I hereby 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 all other like empowered.*

**SIGNATURE:** DOMINIQUE BOURGER**MANAGER**

01/29/2015

Electronic Signature of Signing Officer/Director Detail

Date