


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 05, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P0000100783  
 1. Entity Name  
**MEM CORPORATION, INC.**



Principal Place of Business  
 500 SAN JUAN DR.  
 CORAL GABLES, FL 33143

Mailing Address  
 500 SAN JUAN DR.  
 CORAL GABLES, FL 33143

**DO NOT WRITE IN THIS SPACE**



06302005 No Chg-P CR2E034 (10/03)

4. FEI Number  
 65-1049072 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MELENDEZ, EDUARDO N  
 500 SAN JUAN DR.  
 CORAL GABLES, FL 33143

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS MELENDEZ, EDUARDO N 500 SAN JUAN DR. CORAL GABLES, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MELENDEZ, MARIA E 500 SAN JUAN DR. CORAL GABLES, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 07/05/05-80005-016 150.00

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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:  **6/30/05** **305 663-4171**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #