


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90123 038 \*\*\*150.00

DOCUMENT # P04000025673	
1. Entity Name V.DUENAS MEJIA INC.	

Principal Place of Business 7255 NW 68TH STREET SUITE 17 MIAMI, FL 33166 US	Mailing Address 9367 FOUNTAINEBLEAU BLVD G 237 MIAMI, FL 33172 US
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2. Principal Place of Business 11875 SW 16 ST Suite, Apt. #, etc. Bldg. 132 City & State Pembroke Pines, FL Zip 33025 Country U.S.A.	3. Mailing Address 11875 SW 16 ST Suite, Apt. #, etc. Bldg. 132 City & State Pembroke Pines, FL Zip 33025 Country U.S.A.
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04272005 Chg-P CR2E034 (10/03)

4. FEI Number  
20-0708137  
Applied For  
Not Applicable

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



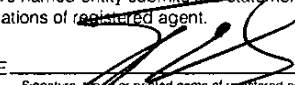
6. Name and Address of Current Registered Agent

DUEÑAS, VICTOR F  
7255 NW 68TH STREET  
SUITE 17  
MIAMI, FL 33166

7. Name and Address of New Registered Agent

Name  
DUEÑAS, VICTOR F  
Street Address (P.O. Box Number is Not Acceptable)  
11875 SW 16 ST. Bldg. 132  
City  
Pembroke Pines FL  
Zip Code  
33025

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:  VICTOR F. DUEÑAS DATE: 04/27/05

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DUEÑAS, VICTOR F		NAME	
STREET ADDRESS 7255 NW 68 TH STREET		STREET ADDRESS	
CITY - ST - ZIP MIAMI, FL 33166		CITY - ST - ZIP	
TITLE VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MEJIA, MARIA P		NAME	
STREET ADDRESS 7255 NW 68TH STREET		STREET ADDRESS	
CITY - ST - ZIP MIAMI, FL 33166		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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:  VICTOR DUEÑAS DATE: 04/27/05 (786) 2714283

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR