


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 553548</b> 1. Entity Name <b>MEMBIELA &amp; ASSOCIATES INC.</b>	
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Principal Place of Business <b>782 NW 42ND AVENUE, #433 MIAMI, FL 33126 US</b>	Mailing Address <b>782 NW 42ND AVENUE, #433 MIAMI, FL 33126 US</b>
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**DO NOT WRITE IN THIS SPACE**

04292005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-1767830</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**MARTINEZ, OSVALDO  
782 NW 42ND AVENUE, #433  
MIAMI, FL 33126**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MEMBIELA, JOAQUIN R 782 NW 42ND AVENUE, #433 MIAMI, FL 33126
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MEMBIELA, MARTA M. 782 NW 42ND AVENUE, #433 MIAMI, FL 33126
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VALDES, FERNANDO 782 NW 42ND AVENUE, #433 MIAMI, FL 33126
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARTINEZ, OSVALDO 782 NW 42ND AVENUE, #433 MIAMI, FL 33126
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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05/03/05-80121-016 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

**4/21/05 (305) 448-4006**

Daytime Phone #