

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

Amended

FILED

04 MAY 25 PM 6:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F02000006295

1. Entity Name
CENTER FOR MNEMATIC INVESTIGATIONS CORP.



Principal Place of Business
13550 NORTH KENDALL DRIVE, SUITE 206
MIAMI, FL 33186

Mailing Address
13550 NORTH KENDALL DRIVE, SUITE 206
MIAMI, FL 33186

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03112003

Chg-P

CR2E034 (10/03)

4. FEI Number
47-0873667

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ADVISORY, TALIESON
9655 S DIXIE HWY SUITE 101
PINECREST, FL 33156

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSD ☐ Delete
NAME CANALS, GLADYS
STREET ADDRESS 10000 OLD CUTLER RD
CITY-ST-ZIP CORAL GABLES, FL 33156

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Vice-President ☐ Change ☒ Addition
NAME Beatriz Salsedo-Jaramillo
STREET ADDRESS 471 Eves Dairy Rd. Apt. 404C
CITY-ST-ZIP North Miami, FL 33179

TITLE Secretary ☐ Change ☒ Addition
NAME Julia Torres
STREET ADDRESS 1560 Weeping Willow Way
CITY-ST-ZIP Hollywood, FL 33019

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gladys Canals

5/17/04

305-382-8773

Date

Daytime Phone #