
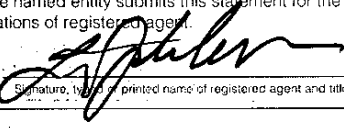



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

03-10-2008 90076 015 \*\*\*150.00

DOCUMENT # F96000001956					
1. Entity Name <b>46 AVENIDA MENENDEZ, INC.</b>					
Principal Place of Business <b>46 AVENIDA MENENDEZ ST ST AUGUSTINE, FL 32084</b>			Mailing Address <b>44 AVENIDA MENENDEZ ST. AUGUSTINE, FL 32084 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ARBIZZANI, L. JOHN 409 PORPOISE POINT DR ST AUGUSTINE, FL 32080				Name: <b>ARBIZZANI, L. John</b> Street Address (P.O. Box Number is Not Acceptable): <b>44 AVENIDA MENENDEZ</b> City: <b>ST. AUGUSTINE</b> FL <b>32084</b>	
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: 					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing: <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARBIZZANI, L. JOHN 409 PORPOISE POINT DR ST AUGUSTINE, FL 32084		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARBIZZANI, L. John 44 AVENIDA MENENDEZ ST. AUGUSTINE, FL. 32084	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST VOGWILL, ALICE J 8295 PADGETT SWITCH RD IRVINGTON, AL 36544		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		L. John ARBIZZANI		3-4-08 904-829-5578	