2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 16, 2007 08:00 A Secretary of State **DOCUMENT # M38981** 1. Entity Name VICTOR M. MENDEZ, PLS, INC. Mailing Address Principal Place of Business 14730 SOUTHWEST 43RD WAY 14730 SOUTHWEST 43RD WAY MIAMI, FL 33185 MIAMI, FL 33185 CR2E034 (11/05) 01312007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2721895 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MENDEZ, VICTOR M. DO NOT WRITE 14730 S.W. 43 WAY MIAMI, FL 33185 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. DATE (NOTE: Registered Agent signature required when reinstalling) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE MENDEZ, VICTOR M. NAME STREET ADDRESS 14730 SW 43RD WAY U00000709593 04/25/07-80009-013 158.75 CITY-ST-ZIP MIAMI, FL TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS

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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS

Davtime Phone 9