


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 19, 2005 8:00 am
Secretary of State

05-19-2005 90045 032 ***550.00

DOCUMENT # P00000057037	
1. Entity Name PRESERVING MEMORIES INC.	

Principal Place of Business 7506 SW 55TH AVE. MIAMI FL 33143	Mailing Address 7506 SW 55TH AVE. MIAMI FL 33143
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2. Principal Place of Business 7440 SW 50 TER	3. Mailing Address 7440 SW 50 TER
Suite, Apt. #, etc. # 107	Suite, Apt. #, etc. # 107
City & State Miami FL	City & State Miami FL
Zip 33155	Country USA

1st MOORE CR2E034 (10/04)

4. FEI Number 52-2248051	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MAGARINO, DENISE 7506 SW 55TH AVE. MIAMI FL 33143	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7440 SW 50 TER # 107 City Miami FL Zip Code 33155	

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
Make Check Payable to Florida Department of State

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 NAME STREET ADDRESS CITY - ST - ZIP	PD MAGARINO, DENISE 7506 SW 55TH AVE. MIAMI FL 33143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 66 Valencia Ave # 201 Coral Gables, FL. 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD DE VILLEGAS, ROBERTO DIAZ 7506 SW 55TH AVE. MIAMI FL 33143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2333 Brickell Ave # 410 Miami, FL. 33129
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Roberto Diaz de Villegas, V.P.

Date

Daytime Phone #

(305) 439-2997