

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jul 05, 2005 08:00 AM
Secretary of State**

DOCUMENT # P00000100783

1. Entity Name

MEM CORPORATION, INC.



Principal Place of Business

**500 SAN JUAN DR.
CORAL GABLES, FL 33143**

Mailing Address

**500 SAN JUAN DR.
CORAL GABLES, FL 33143**

DO NOT WRITE IN THIS SPACE



06302005

No Chg-P

CR2E034 (10/03)

4. FEI Number

65-1049072

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MENDEZ, EDUARDO N
500 SAN JUAN DR.
CORAL GABLES, FL 33143**

**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
Due by September 7, 2005**

**9. Election Campaign Financing
Trust Fund Contribution.**



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

**In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.**

10. OFFICERS AND DIRECTORS

TITLE DPS
NAME MENDEZ, EDUARDO N
STREET ADDRESS 500 SAN JUAN DR.
CITY-ST-ZIP CORAL GABLES, FL 33143

TITLE DV
NAME MENDEZ, MARIA E
STREET ADDRESS 500 SAN JUAN DR.
CITY-ST-ZIP CORAL GABLES, FL 33143

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

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07/05/05-80005-016 150.00

**DO NOT WRITE
IN THIS SPACE**

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

6/30/05

Date

305 663-4171

Daytime Phone #