


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 13, 2005 8:00 am**  
**Secretary of State**

01-13-2005 90004 038 \*\*\*150.00

**DOCUMENT # P01000042285**

1. Entity Name  
 119 MENORES, INC.



Principal Place of Business: 2 ALHAMBRA PLAZA, SUITE 860, CORAL GABLES, FL 33134

Mailing Address: 2 ALHAMBRA PLAZA, SUITE 860, CORAL GABLES, FL 33134

**50002163**



2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

01102005 Chg-P CR2E034 (10/03)

City & State

4. FEI Number: 65-1104083

Applied For:  Not Applicable

City & State

Zip: Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VILA, OSCAR J III  
 2 ALHAMBRA PLAZA, SUITE 860  
 CORAL GABLES, FL 33134

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]* DATE: 1/10/05

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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	D	<input type="checkbox"/> Delete
NAME	QUEVEDO, ALEJANDRO	
STREET ADDRESS	3006 AVIATION AVENUE - SUITE 2-A	
CITY-ST-ZIP	COCONUT GROVE, FL 33133	
TITLE	D	<input type="checkbox"/> Delete
NAME	SORDO, CESAR	
STREET ADDRESS	3006 AVIATION AVENUE - SUITE 2-A	
CITY-ST-ZIP	COCONUT GROVE, FL 33133	
TITLE	D	<input type="checkbox"/> Delete
NAME	VILA, OSCAR J III	
STREET ADDRESS	2 ALHAMBRA PLAZA, SUITE 860	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]* DATE: 1/10/05 (305) 461-4888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR