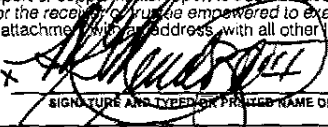


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000061280			
1. Entity Name MARIO G. DE MENDOZA, III, P.A.			
Principal Place of Business 12765 W FOREST HILL BLVD, STE 1302 WELLINGTON, FL 33414	Mailing Address 12765 W FOREST HILL BLVD, STE 1302 WELLINGTON, FL 33414		
DO NOT WRITE IN THIS SPACE			
		01262007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 04-3678304	Applied For Not Applicable
		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent DE MENDOZA, P.A., MARIO G III 12765 W FOREST HILL BLVD, STE 1302 WELLINGTON, FL 33414		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 signatures required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE 1107000613874 02/06/07-80003-001 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST DE MENDOZA, MARIO G III 12765 W FOREST HILL BLVD, STE 1302 WELLINGTON, FL 33414		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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: 		Mario G. de Mendoza, III, Pres. x1-29-07 561-784-2930	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #