



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90418 020 \*\*\*150.00

<b>DOCUMENT # P02000081415</b> 1. Entity Name <b>THE MEMORY SECRET INC.</b>					
Principal Place of Business <b>1221 BRICKELL AVENUE SUITE 1100 MIAMI, FL 33131</b>			Mailing Address <b>1221 BRICKELL AVENUE SUITE 1100 MIAMI, FL 33131</b>		
2. Principal Place of Business <b>1390 Brickell Ave.</b> Suite, Apt. #, etc. <b>Suite 200</b>		3. Mailing Address <b>1390 Brickell Ave.</b> Suite, Apt. #, etc. <b>Suite 200</b>			
City & State <b>Miami - Florida</b>		City & State <b>Miami - Florida</b>		4. FEI Number <b>48-1258664</b>	
Zip <b>33131</b>	Country <b>USA</b>	Zip <b>33131</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>AGRAMUNT, LUIS 1221 BRICKELL AVENUE SUITE 1100 MIAMI, FL 33131</b>				7. Name and Address of New Registered Agent Name <b>Luis Agramunt</b> Street Address (P.O. Box Number is Not Acceptable) <b>1390 Brickell Ave., Suite 200</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33131</b>	
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 _____ DATE <b>04/15/2004</b> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>CONDE MORALES, ANA ISABEL 1221 BRICKELL AVENUE SUITE 1100 MIAMI, FL 33131</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1390 Brickell Ave., Suite 200 Miami, FL 33131</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>CALVO MONDELO, FERNANDO 1221 BRICKELL AVENUE SUITE 1100 MIAMI, FL 33131</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1390 Brickell Ave., Suite 200 Miami, FL 33131</b>		
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 another like empowered.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>04/15/2004</b> Daytime Phone # <b>305-373.5802</b>		