
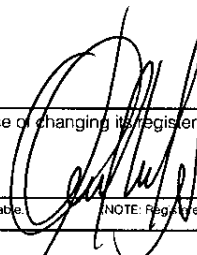
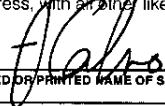


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-19-2004 90418 020 ***150.00

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