


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90115 031 ***150.00

DOCUMENT # P02000081415

1. Entity Name
THE MEMORY SECRET INC.



Principal Place of Business
**1390 BRICKELL AVE
 SUITE 200
 MIAMI, FL 33131**

Mailing Address
**1390 BRICKELL AVE
 SUITE 200
 MIAMI, FL 33131**

40080070



2. Principal Place of Business
1114 S. DOUGLAS RD.

3. Mailing Address
1114 S. DOUGLAS RD.

Suite, Apt. #, etc.
6

Suite, Apt. #, etc.
6

04202005 Chg-P CR2E034 (10/03)

City & State
CORAL GABLES, FL.

City & State
CORAL GABLES, FL.

4. FEI Number
48-1258664

Applied For
 Not Applicable

Zip
33134

Country
USA

Zip
33134

Country
USA

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

6. Name and Address of Current Registered Agent

AGRAMUNT, LUIS
1390 BRICKELL AVE
SUITE 200
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name
LUIS AGRAMUNT

Street Address (P.O. Box Number is Not Acceptable)
1114 S. DOUGLAS RD. #6

City
CORAL GABLES

State
FL

Zip Code
33134

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]* **LUIS AGRAMUNT** *04/29/05*

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
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 NAME STREET ADDRESS CITY-ST-ZIP	D CONDE MORALES, ANA ISABEL 1390 BRICKELL AVE STE 200 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>1114 S. DOUGLAS RD. #6</i> <i>CORAL GABLES, FL. 33134</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALVO MONDELO, FERNANDO 1390 BRICKELL AVE STE 200 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>1114 S. DOUGLAS RD. #6</i> <i>CORAL GABLES, FL. 33134</i>
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
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 all other like empowered.

SIGNATURE: *[Signature]* **FERNANDO CALVO (POD)** *04/29/05* *305-464-3027*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #