
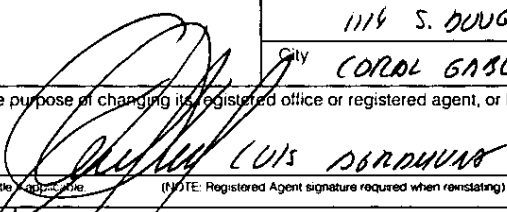
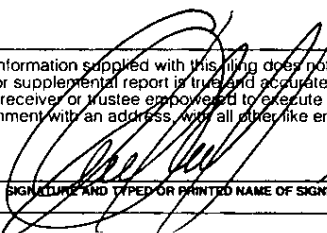


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**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	
2. Principal Place of Business 1114 S. DOUGLAS RD.		3. Mailing Address 1114 S. DOUGLAS RD.	
Suite, Apt. #, etc. 6		Suite, Apt. #, etc. 6	
City & State CORAL GABLES, FL.		City & State CORAL GABLES, FL.	
Zip 33134	Country USA	Zip 33134	Country USA
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 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:  LUIS AGRAMUNT 04/21/05 (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. <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 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 1114 S. DOUGLAS RD. #6 CORAL GABLES, FL. 33134
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 1114 S. DOUGLAS RD. #6 CORAL GABLES, FL. 33134
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:  FERNANDO CALVO (POD)		Date 04/28/05 Daytime Phone # 305-441-3027	