

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2008 08:00 A
Secretary of State

DOCUMENT # P03000025547

1. Entity Name

JULIO MENDEZ & ASSOCIATES, INC.



Principal Place of Business

1865-79TH ST CAUSEWAY
#PH-A

NORTH BAY VILLAGE, FL 33141-4223

Mailing Address

1865-79TH ST CAUSEWAY
#PH-A

NORTH BAY VILLAGE, FL 33141-4223



01272008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

05-0559037

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NENUZ, ALEJANDRO ESQ
250 GIRALDA AVENUE 2ND FLOOR
CORAL GABLES, FL 33134

**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 signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MENDEZ, JULIO
STREET ADDRESS 1865-79TH CSWY #PH-A
CITY-ST-ZIP NORTH BAY VILLAGE, FL 33141

TITLE SD
NAME MENDEZ, CLAUDIA
STREET ADDRESS 1865-79TH CSWY #PH-A
CITY-ST-ZIP NORTH BAY VILLAGE, FL 33141

TITLE TD
NAME MENDEZ, WENDY
STREET ADDRESS 1865-79TH ST CSWY #PH-A
CITY-ST-ZIP NORTH BAY VILLAGE, FL 33141

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

100000808852
02/07/08-80064-025 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #