

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000026068

FILED  
Jan 10, 2005  
Secretary of State

Entity Name: MENGOD INVESTMENTS, INC.

## Current Principal Place of Business:

7500 NORTHWEST 54TH STREET  
MIAMI, FL 33166

## New Principal Place of Business:

2300 N.W. 94 AVENUE  
207  
DORAL, FL 33172

## Current Mailing Address:

7500 NORTHWEST 54TH STREET  
MIAMI, FL 33166

## New Mailing Address:

2300 N.W. 94 AVENUE  
207  
DORAL, FL 33172

FEI Number: 03-0515607

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

RANDALL, NORDLUND ESQ.  
100 SOUTHEAST 2ND STREET  
SUITE 2610  
MIAMI, FL 33131 US

## Name and Address of New Registered Agent:

MESA, MANUEL  
2441 N.W. 93 AVENUE  
101  
DORAL, FL 33172 US

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.

SIGNATURE: MANUEL MESA

01/10/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MENGOD, AURELIANO  
Address: 7500 NORTHWEST 54TH STREET  
City-St-Zip: MIAMI, FL 33166

Title: V ( ) Delete  
Name: MENGOD, ALAIN  
Address: 7500 NORTHWEST 54TH STREET  
City-St-Zip: MIAMI, FL 33166

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MENGOD, AURELIANO  
Address: 2300 N.W. 94 AVENUE STE 207  
City-St-Zip: DORAL, FL 33172

Title: V (X) Change ( ) Addition  
Name: MENGOD, ALAIN  
Address: 2300 N.W. 94 AVENUE STE 207  
City-St-Zip: DORAL, FL 33172

Title: T ( ) Change (X) Addition  
Name: POL, MARTA A  
Address: 2300 N.W. 94 AVENUE 207  
City-St-Zip: DORAL, FL 33172

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTA POL

T

01/10/2005

Electronic Signature of Signing Officer or Director

Date