
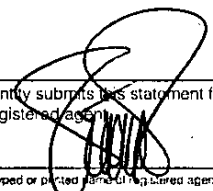
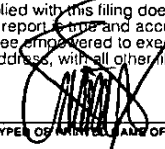


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2005 8:00 am**  
**Secretary of State**

02-24-2005 90031 003 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                   |                                                                                                                                                                                                               |                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # P03000057683</b><br>1. Entity Name<br><b>MESANTA INVESTMENTS, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                   |                                                                                                                              |                                                                   |
| Principal Place of Business<br><b>6955 NW 52 STREET #204<br/>MIAMI, FL 33166</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                   | Mailing Address<br><b>6955 NW 52 STREET #204<br/>MIAMI, FL 33166</b>                                                                                                                                          |                                                                   |
| 2. Principal Place of Business<br><b>9923 NW 30 ST</b><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                   | 3. Mailing Address<br><b>9923 NW 30 ST</b><br>Suite, Apt. #, etc.                                                                                                                                             |                                                                   |
| City & State<br><b>Miami FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                   | City & State<br><b>Miami FL</b>                                                                                                                                                                               |                                                                   |
| Zip<br><b>33172</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                   | Zip<br><b>33172</b>                                                                                                                                                                                           |                                                                   |
| Country<br><b>Dade</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                   | Country<br><b>Dade</b>                                                                                                                                                                                        |                                                                   |
| 4. FEI Number<br><b>51-0468220</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                   | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                        |                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                   | <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                         |                                                                   |
| 6. Name and Address of Current Registered Agent<br><br><b>MENESES, LEONIDAS<br/>6955 NW 52 ST #204<br/>MIAMI, FL 33166</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                   | 7. Name and Address of New Registered Agent<br>Name <b>Leonidas Menses</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>9923 NW 30 ST</b><br>City <b>Miami</b> <b>FL</b> Zip Code <b>33172</b> |                                                                   |
| 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.<br><br>SIGNATURE  <b>Leonidas Menses</b> <b>2/21/05</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                              |                                                                                                                   |                                                                                                                                                                                                               |                                                                   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                                                                        |                                                                   |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                                                                                                  |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>D</b> <input type="checkbox"/> Delete<br><b>MENESES, LEONIDAS<br/>6955 NW 52 ST 204<br/>MIAMI, FL 33166</b>    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>D</b> <input type="checkbox"/> Delete<br><b>SANTAMARIA, GUSTAVO<br/>6955 NW 52 ST #204<br/>MIAMI, FL 33166</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>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:  <b>Leonidas Menses</b> <b>2/21/05</b><br><small>SIGNATURE AND TYPE OF AUTHORIZED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                   | Date: <b>2/21/05</b><br><small>Date</small>                                                                                                                                                                   |                                                                   |