

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000099277

FILED
Apr 20, 2006
Secretary of State

Entity Name: MEMOREX ENTERPRISES, INC.

Current Principal Place of Business:

6586 W ATLANTIC AVENUE
SUITE 401
DELRAY BEACH, FL 33446

New Principal Place of Business:

Current Mailing Address:

6586 W ATLANTIC AVENUE
SUITE 401
DELRAY BEACH, FL 33446

New Mailing Address:

FEI Number: 20-0227395

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANIAR, RAJU
7737 N UNIVERSITY DRIVE #201
TAMARAC, FL 33321 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PATEL, HARJI
Address: 19457 HAMPTON DRIVE
City-St-Zip: BOCA RATON, FL 33434

Title: PD () Delete
Name: MANIAR, HARISH
Address: 2306 NW 96 WAY
City-St-Zip: CORAL SPRINGS, FL 33065

Title: SEC () Delete
Name: MANIAR, NALINI
Address: 2306 NW 96 WAY
City-St-Zip: CORAL SPRINGS, FL 33065

Title: T () Delete
Name: MEHTA, GAUTAM
Address: 2761 NW 120 AVE
City-St-Zip: PLANTATION, FL 33323

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: MEHTA GAUTAM

T

04/20/2006

Electronic Signature of Signing Officer or Director

_____ Date