

ANNUAL REPORT**DOCUMENT # P04000043976**1. Entity Name
PROYECTO MEMORIA, INC.Principal Place of Business
**516 NW 59TH AVENUE
MIAMI, FL 33126**Mailing Address
**516 NW 59TH AVENUE
MIAMI, FL 33126****FILED**
Feb 08, 2008 08:00 AM
Secretary of State

02042008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0856616 Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required****DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**MORENO, ALEJANDRO
516 NW 59TH AVENUE
MIAMI, FL 33126****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**000000821020
02/19/08-80007-007 150.00

10. OFFICERS AND DIRECTORS

| | |
|-----------------|-----------------------|
| TITLE | P |
| NAME | MORENO, ALEJANDRO |
| STREET ADDRESS | 516 NW 59TH AVENUE |
| CITY - ST - ZIP | MIAMI, FL 33126 |
| TITLE | T |
| NAME | ALONSO, BONIFACIO F |
| STREET ADDRESS | 3165 SW 4TH STREET |
| CITY - ST - ZIP | MIAMI, FL 33135 |
| TITLE | V |
| NAME | LIMA, JOSE A |
| STREET ADDRESS | 4345 SW 117TH AVENUE |
| CITY - ST - ZIP | MIAMI, FL 33175 |
| TITLE | V |
| NAME | DE GUZMAN, JORGE J |
| STREET ADDRESS | 12823 SW 45TH TERRACE |
| CITY - ST - ZIP | MIAMI, FL 33175 |
| TITLE | S |
| NAME | MARTINEZ-PAZ, ORLANDO |
| STREET ADDRESS | 756 WEST 53RD TERRACE |
| CITY - ST - ZIP | HIALEAH, FL 33012 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

**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

2/04/08

Date

Daytime Phone # _____