FILED
Aug 17, 2006 8:00 am
Secretary of State

07-12-2006 90008 050 ***158.75
08-17-2006 90002 021 ***158.75

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000047455

1. Entity Name
M. MENDEZ INVESTMENT GROUP, INC.

Principal Place of Business
8154 VIA ROSA
ORLANDO, FL 32836

Mailing Address
8154 VIA ROSA
ORLANDO, FL 32836

50025380

07072006 Chg-P CR2E034 (11/05)

2. Principal Place of Business: 5205-C
Suite, Apt. #, etc.: Edgewater Dr
City & State: Orlando, Florida
Zip: 328110 Country: Orange - USA

3. Mailing Address: 8154 Via Rosa
Suite, Apt. #, etc.:
City & State: Orlando Fl
Zip: 32836 Country: Orange

4. FEI Number: 56-2507953 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MENDEZ, MERCEDES E
8154 VIA ROSA
ORLANDO, FL 32836

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Mercedes Mendez 8154 Via Rosa Orlando Fl, 32836 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: Mercedes E Mendez 07-06-2006 407-754-5854
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #