

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000154489

**Entity Name:** MENDE & ASSOCIATES, INC.

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1050 93RD STREET  
4E  
BAY HARBOR ISLANDS, FL 33154

**New Principal Place of Business:**

18851 NE 29TH AVENUE SUITE 791  
AVENTURA, FL 33180

**Current Mailing Address:**

P.O.BOX 546012  
SURFSIDE, FL 33154

**New Mailing Address:**

**FEI Number:** 01-0855259

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MENDE, GAYLE  
1050 93RD STREET  
4E  
BAY HARBOR ISLANDS, FL 33154 US

**Name and Address of New Registered Agent:**

MENDE, GAYLE  
18851 NE 29TH AVENUE SUITE 791  
AVENTURA, FL 33154 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: GAYLE MENDE

04/21/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: MENDE, GAYLE  
Address: P.O.BOX 546012  
City-St-Zip: SURFSIDE, FL 33154

I hereby 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 all other like empowered.

SIGNATURE: GAYLE MENDE

PD

04/21/2011

Electronic Signature of Signing Officer or Director

Date