
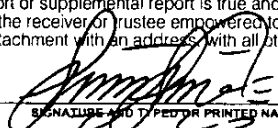


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 12, 2007 8:00 am**  
**Secretary of State**

07-12-2007 90054 015 \*\*\*158.75

<b>DOCUMENT # P06000081134</b> 1. Entity Name <b>IVO MENESES, INC.</b>					
Principal Place of Business <b>6170 WILES RD. 205 CORAL SPRINGS, FL 33067 US</b>			Mailing Address <b>6170 WILES RD. 205 CORAL SPRINGS, FL 33067 US</b>		
2. Principal Place of Business - No P.O. Box # <b>9791 PORTA LEONA LN BOYNTON BEACH, FL 33472 USA</b>		3. Mailing Address <b>9791 PORTA LEONA LN BOYNTON BEACH, FL 33472 USA</b>			
City & State <b>33472 USA</b>		City & State <b>33472 USA</b>		4. FEI Number <b>20-5033733</b>	
Zip <b>33472</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> <b>MENESES, IVO 6170 WILES RD. 205 CORAL SPRINGS, FL 33067</b>				<b>7. Name and Address of New Registered Agent</b> Name <b>Ivo Meneses</b> Street Address (P.O. Box Number is Not Acceptable) <b>9791 Porta Leona Ln</b> City <b>Boynton Beach</b> <b>FL</b> Zip Code <b>33472</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. SIGNATURE  DATE <b>07.08.07</b> <small>Signature, type or print name of registered agent, and title, if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MENESES, IVO 6170 WILES RD., #205 CORAL SPRINGS, FL 33067 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MENESES, IVO 9791 PORTA LEONA LN BOYNTON BEACH, FL 33472 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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 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: 			IVO MENESES Date <b>07.08.07</b> Daytime Phone # <b>954-778-9900</b>		