

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000033284

FILED
May 01, 2006
Secretary of State

Entity Name: MENDEZ & ASSOCIATES OF FTL., INC.

Current Principal Place of Business:

9953 PINES BLVD
PEMBROKE PINES, FL 33024 US

New Principal Place of Business:

Current Mailing Address:

9953 PINES BLVD
PEMBROKE PINES, FL 33024 US

New Mailing Address:

FEI Number: 65-0407349 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MENDEZ, BARBARA
9953 PINES BLVD
PEMBROKE PINES, FL 33024 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MENDEZ, BARBARA
Address: 13947 NW 16TH DR
City-St-Zip: PEMBROKE PINES, FL 33028

Title: V () Delete
Name: MENDEZ, ALBERT
Address: 10760 SANTA FE DR
City-St-Zip: COOPER CITY, FL 33026

Title: S () Delete
Name: MENDEZ, MARIA
Address: 10760 SANTA FE DRIVE
City-St-Zip: COOPER CITY, FL 33026

Title: T () Delete
Name: MENDEZ, ALBERT
Address: 10760 SANTE FO DR
City-St-Zip: COOPER CITY, FL 33026

Title: VPM () Delete
Name: MENDEZ, ALBERT
Address: 10760 SANTA DE DR
City-St-Zip: COOPER CITY, FL 33026

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:

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: BARBARA MENDEZ

P

05/01/2006

Electronic Signature of Signing Officer or Director

_____ Date