## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P93000057730

GLAS, RICARDO

95 MERRICK WAY, SUITE 518

CORAL GABLES, FL 33134

Name:

Address: City-St-Zip:

Entity Name: MENDOZA HOLDINGS INC.

FILED Apr 21, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 95 MERRICK WAY STE 518 CORAL GABLES, FL 33134 US **New Mailing Address: Current Mailing Address:** 95 MERRICK WAY STE 518 CORAL GABLES, FL 33134 US FEI Number: 13-4260718 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JENSEN, TROND S. 95 MERRICK WAY SUITE 518 CORAL GABLES, FL 33134 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition SAFFE, DANIEL F Name: Name: 95 MERRICK WAY, SUITE 518 Address: Address: City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: ( ) Delete Title: PTSD Title: () Change () Addition Name: JENSEN, TROND S Name: 95 MERRICK WAY, STE 518 Address: Address: CORAL GABLES, FL 33134 City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Name:

Address:

City-St-Zip:

SIGNATURE: TROND S. JENSEN PD 04/21/2005