2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000057730

Entity Name: MENDOZA HOLDINGS INC.

FILED Apr 25, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
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95 MERRICK WAY 8550 N.W. 17TH STREET.

STE 518 STE 100

CORAL GABLES, FL 33134 US MIAMI, FL 33126 US

Current Mailing Address: New Mailing Address:

95 MERRICK WAY 8550 N.W. 17TH STREET.

STE 518 STE 100 CORAL GABLES, FL 33134 US

MIAMI, FL 33126 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. JENSEN, TROND S 95 MERRICK WAY 8550 N.W. 17TH STREET. SUITE 100 SUITE 518

MIAMI, FL 33126 US 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: 04/25/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change () Addition () Delete Title:

SAFFE, DANIEL F SAFFE, DANIEL F Name: Name:

95 MERRICK WAY, SUITE 518 8550 N.W. 17TH STREET. SUITE 100 Address: Address:

City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: MIAMI, FL 33216

() Delete Title: PTSD Title: PTSD (X) Change () Addition

JENSEN, TROND S Name: JENSEN, TROND S Name:

95 MERRICK WAY, STE 518 8550 N.W. 17TH STREET. SUITE 100 Address: Address:

CORAL GABLES, FL 33134 City-St-Zip: City-St-Zip: MIAMI, FL 33126

Title: Title: () Delete (X) Change () Addition GLAS, RICARDO Name: GLAS, RICARDO Name:

95 MERRICK WAY, SUITE 518 8550 N.W. 17TH STREET. SUITE 100 Address: Address:

City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: MIAMI, FL 33126

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: TROND S.JENSEN **PTSD** 04/25/2006