2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED
Jan 18, 2007 08:00 AM
Secretary of State

| DOCUN | /IENT | # P930 | 00007 | '9619 |
|-------|-------|--------|-------|-------|
|-------|-------|--------|-------|-------|

1. Entity Name

MEMORIAL GARDENS OF THE AMERICAS, INC.



Principal Place of Business

999 BRICKELL AVENUE

SHITE SOU

SUITE 300 MIAMI, FL 33131 US Mailing Address

999 BRICKELL AVENUE Suite 300

MIAMI, FL 33131 US



01042007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0485148

Applied For Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

4/6-2738

| 6. | Name | and | Address of | Current | Registered a | Agent |
|----|------|-----|------------|---------|--------------|-------|

CLINE, HARRY S 625 COURT ST, STE 200 CLEARWATER, FL 34615

SIGNATURE:

DO NOT WRITE IN THIS SPACE

| ار بازار | | | | | |
|--|--|--|--|----------------------------|---|
| | named entity submits this statement for the plions of registered agent. | urpose of changing its registere | d office or registe | ered agent, or both | n, in the State of Florida. I am familiar with, and accept |
| SIGNATURE | Signature, typed or printed name of registered agent and title if | applicable. (NOTE: Registered | Agent signature require | ed when reinstating) | DATE |
| | E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00 | Election Campaign Financ Trust Fund Contribution. | | 5.00 May Be ded to Fees | |
| 10. | OFFICERS AND DIREC | TORS | | • | |
| IIILE NAME STREET ADDRESS CITY-ST-ZIP | PD FENTON, JAMES P 999 BRICKELL AVENUE #300 MIAMI, FL 33131 | | | | U00000591373 01/19/07-80020-020 158.75 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S POWELL, JEFFERSON N JR 999 BRICKELL AVENUE #300 MIAMI, FL 33131 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <u>.</u> | : :::::::::::::::::::::::::::::::::::: | DO. | NOT WRITE |
| TITLE NAME STREET ADDRESS | | the second of the second secon | infantification — i as speni infantification — i as speni | and the second second | HIS SPACE |
| CITY-ST-ZIP | | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | | | | | ·, . |
| TITLE | | | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | , | · <u>-</u> - | ge |
| indicated of the cor | on this report or supplemental report is true at | nd accurate and that my signature to execute this report as require | ire shall have the | same legal effect | Florida Statutes. I further certify that the information as if made under oath; that I am an officer or director; and that my name appears in Block 10 or Block 11 if |