


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2008 08:00 AM
Secretary of State


DOCUMENT # P93000079619

1. Entity Name
MEMORIAL GARDENS OF THE AMERICAS, INC.



Principal Place of Business 999 BRICKELL AVENUE SUITE 300 MIAMI, FL 33131 US	Mailing Address 999 BRICKELL AVENUE SUITE 300 MIAMI, FL 33131 US
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DO NOT WRITE IN THIS SPACE



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0485148	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000844054
 03/12/08-80021-004 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FENTON, JAMES P 999 BRICKELL AVENUE #300 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S POWELL, JEFFERSON N JR 999 BRICKELL AVENUE #300 MIAMI, FL 33131
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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 info empowered.

SIGNATURE: Jefferson Norman Powell, Jr. Date: 1/31/08 (305) 373-6930 ext # 3307

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

JEFFERSON NORMAN POWELL, JR.