

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000070445

1. Entity Name
MEMCORP, INC.



Principal Place of Business
3200 MERIDIAN PARKWAY
WESTON, FL 33331 US

Mailing Address
3200 MERIDIAN PARKWAY
WESTON, FL 33331 US



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0598041

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SMITH, BARRY
3200 MERIDIAN PKWY
WESTON, FL 33331

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000183679
01/19/05-80077-015 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST SMITH, BARRY 3200 MERIDIAN PKWY WESTON, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPD SMITH, JASON 3200 MERIDIAN PKWY WESTON, FL 33331
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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, without other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/05

Date

954 660-2000

Daytime Phone #