## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 13, 2007 8:00 am Secretary of State **DOCUMENT # P98000035380** 04-13-2007 90157 034 \*\*\*150.00 MENDEZ INTERNATIONAL ASSOCIATES, INC. Principal Place of Business Mailing Address 400000-1062 S.W. 156TH TERRACE 1062 S.W. 156TH TERRACE PEMBROKE PINES, FL 33027 PEMBROKE PINES, FL 33027 03102007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0833932 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent MENDEZ, OSIRYS DO NOT WRITE 1062 S.W. 156TH TERRACE PEMBROKE PINES, FL 33027 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE MENDEZ, OSIRYS NAME STREET ADDRESS 1062 S.W. 156TH TERRACE CITY-ST-ZIP PEMBROKE PINES, FL. 33027 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 of vistee 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 y an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

**FILED**