2006 FOR PROFIT CORPORATION

SIGNATURE: Lis Mendieta Luis Mendieta

ANNUAL REPORT (AR)				FILED
DOCUMENT # V60082 1. Entity Name		w /y		May 03, 2006 08:00 AM Secretary of State
MENDIE	TA INVESTMENTS, INC.			,
Principal Place of Business		- Mailing Address		-
2459 GRANT ST HOLLYWOOD FL 33020 US		2459 GRANT ST HOLLYWOOD FL 3302 US	٥	
2. Principal Place of Business		3. Mailing Address		2 (297): Sillis Silli Amili Males carre ridt diell ared; 2000): 2001; Sinit arinten in inne.
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E034 (10/05)
City & State		City & State		4. FEI Number 65-0372394 Applied For Not Applied
Zip	Country	Ζιp	Country	Certificate of Status Desired Sa.75 Additional Fee Required
	6. Name and Address of Curren	nt Registered Agent		7. Name and Address of New Registered Agent
Name				
MENIETA, LUIS G 2459 GRANT STREET HOLLYWOOD FL 33020			Street Addres	s (P.O. Bax Number is Not Acceptable)
HO	LLYWOOD PL 33020			
			City	FL Zip Code
	e named entity submits this statement trops of registered agent. Signature, your or protect name of registered age	Luis Men		tered agent, or both, in the State of Florida. Lam familiar with, and accept 4/25/06
After	FILE NOW!!! FEE IS \$150.00 May 1, 2006 Fee Will Be \$550.0 k Payable to Florida Department	Company of the Compan		S. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.		D DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 17
NAME STREET ADDRESS CITY-ST-ZIP	V MENDIGTA, GLORIA I 2459 GRANT ST HOLLYWOOD FL 33020	☐ Defete	TIVLE NAME STREET ADDRESS CITY-SI-ZIP	☐ Change ☐ Addition \[i00000560420 05/18/06-80039-022 158.00
TITLE NAME STREET ADDRESS CUTY-ST-ZIP	P MENDIETA, LUIS G 2459 GRANT ST HOLLYWOOD FL 33020	☐ Delets	TULE NAME STREET ADDRESS CITY-57-ZIP	☐ Ehamge ☐ Addillor
NAME STREET ADDRESS CITY-ST-ZIP	ST MENDIETA, MARCO A 2459 GRANT ST HOLLYWOOD FL 33020	☐ Defete	DILE NAML STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
THTLE NAME SIREET ADDRESS CITY-ST-ZIP		☐ Deleta	ITTLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addillor
TITLE NAME STREET ADDRESS CHY-ST-ZIP		☐ Defete	Title Name Street address City-St-Zip	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	Title Name Street address City-St-ZP	☐ Change ☐ Addillor
12. I hereby indicated of the could change	certify that the information supplied videntities report or supplemental report or supplemental report or this receiver or trustee ered, or on an attachment with an addate	with this filling does not quality to is true and accurate and that m inpowered to execute this report ass, with all other like empowers	ir the exemptions contain y signature shall have the as required by Chapter ad.	ned in Section 119, Florida Statutes. I further certify that the information e same legal effect as if made under oath, that I am an officer or director 607, Florida Statutes; and that my name appears in Block 10 or Block 11

(954) 778 - 6371 Dayrima Phone II