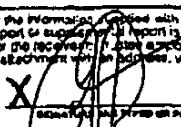


FILED
Jun 01, 2007 8:00 am
Secretary of State

06-01-2007 90001 050 ***150.00

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P05000141808			
1. Entry Name MEI 601 CORP.			
Principal Place of Business 901 PONCE DE LEON BLVD. SUITE 603 CORAL GABLES, FL 33134		Mailing Address 901 PONCE DE LEON BLVD. SUITE 603 CORAL GABLES, FL 33134	
2. Principal Place of Business - No P.O. Box		3. Mailing Address	
Guid. Apt. #, etc.		Bldg. Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent ALBORNOZ, WILLIAM H ESQ. 901 PONCE DE LEON BLVD. SUITE 603 CORAL GABLES, FL 33134		5. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
6. The above named entry 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 the obligations of registered agent.			
SIGNATURE Signature, Name of Person Name of Registered Agent and date of signature (Print Name of Registered Agent and date of signature) Date			
FILE NOW! FEE IS \$100.00 After May 1, 2007 Fee will be \$600.00		a. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fee	
10. OFFICERS AND DIRECTORS		11. ALL OTHER CHANGES TO OFFICERS AND DIRECTORS	
10.1 NAME STREET ADDRESS CITY-STATE-ZIP	D COTTIN, LUIS F 901 PONCE DE LEON BLVD. SUITE 603 CORAL GABLES, FL 33134 ☐ Delete	11.1 NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Add
10.2 NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	11.2 NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Add
10.3 NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	11.3 NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Add
10.4 NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	11.4 NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Add
10.5 NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	11.5 NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Add
12. I hereby certify that the information furnished with this filing does not qualify for the exemption contained in Chapter 118, Florida Statutes. I further certify that the information provided on this report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the registered agent as required to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or 11 or 12, as applicable, or on an attachment to an address, with all other the empowered.			
SIGNATURE: 		4/30/07 (555) 444-1741	
Signature of Officer or Director		Date	

40119251



07/1/2007 Cns P CR25074 (12/08)

4. FEE NUMBER APPLIED 40119251

6. Certificate of Status Desired ☐ \$8.75 Add/Remove Fee Per Line