FILED
Apr 25, 2008 8:00 am
Secretary of State
04-25-2008 90109 041 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000141808

1. Entity Name
MEI 601 CORP.

401

Principal Place of Business	Mailing Address
901 PONCE DE LEON BLVD. SUITE 603 CORAL GABLES, FL 33134	901 PONCE DE LEON BLVD. SUITE 603 CORAL GABLES, FL 33134
2. Principal Place of Business - No P.O. Box #: 2655 LeJeune Rd.	3. Mailing Address: 2655 LeJeune Rd.
Suite, Apt. #, etc.: Suite 520	Suite, Apt. #, etc.: Suite 520
City & State: Coral Gables, FL	City & State: Coral Gables, FL
Zip: 33134 Country: USA	Zip: 33134 Country: USA

04162008 Chg-P CR2E034 (12/06)

4. FEI Number: 26-0248065 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

ALBORNOZ, WILLIAM H ESQ.
901 PONCE DE LEON BLVD.
SUITE 603
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name: Aurora Penalver, ESQ.
Street Address (P.O. Box Number is Not Acceptable): 2655 LeJeune Rd., Ste 520
City: Coral Gables FL. Zip Code: 33134

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] 4/21/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COTTIN, LUIS F 901 PONCE DE LEON BLVD, SUITE 603 CORAL GABLES, FL 33134	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cottin, Luis F. 2655 LeJeune Rd., Ste 520 Coral Gables, FL 33134	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 like empowered.

SIGNATURE: X [signature] 4/18/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #