

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 15, 2006 8:00 am**  
**Secretary of State**

08-15-2006 90004 001 \*\*\*550.00

**DOCUMENT # G87623**

1. Entity Name

MESCO SYSTEMS CORPORATION OF FLORIDA



Principal Place of Business

10001 8360 OAKLAND PK BLVD #342 203  
SUNRISE FL 33351  
US

Mailing Address

10001 8360 OAKLAND PK. BLVD #342 203  
SUNRISE FL 33351  
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E034 (4/06)

4. FEI Number 59-2358774

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FADGEN, JERRY CPA  
21 EAST ACRE DRIVE  
PLANTATION FL 33317

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**

**DUE BY September 6, 2006**

**Make Check Payable to Florida Department of State**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME COHEN, SHIMON  
STREET ADDRESS 8360 OAKLAND PK #342 203  
CITY-ST-ZIP SUNRISE FL

☐ Delete

TITLE S  
NAME COHEN, NELLY  
STREET ADDRESS 8360 OAKLAND PK #342 203  
CITY-ST-ZIP SUNRISE FL

☐ Delete

TITLE V  
NAME COHEN, DORI  
STREET ADDRESS 8360 OAKLAND PK #342 203  
CITY-ST-ZIP SUNRISE FL

☐ Delete

TITLE V  
NAME COHEN, AVI  
STREET ADDRESS 8360 OAKLAND PK #342 203  
CITY-ST-ZIP SUNRISE FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #