

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90178 005 ***150.00

DOCUMENT # P97000078527 1. Entity Name MEOR ENTERPRISES, INC.					
Principal Place of Business 12350 SW 132 CT. #207 MIAMI, FL 33186 US			Mailing Address P.O. BOX 573 HALLANDALE, FL 33008 US		
2. Principal Place of Business - No P.O. Box # 21055 N. E. 37 AV.		3. Mailing Address Suite, Apt. #, etc. 2309			
City & State AVENTURA FL.		City & State FL		4. FEI Number 65-0780194	
Zip 33180		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MEJIA, CARLOS M 12360 S.W. 132 COURT, SUITE 210 MIAMI, FL 33186			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME MEJIA, CARLOS M		TITLE <input type="checkbox"/> Delete		
STREET ADDRESS 3530 MYSTIC POINT DR. #2201	CITY-ST-ZIP AVENTURA, FL 33180		NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE S	NAME MEJIA, LUCY		STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 3530 MYSTIC POINT DR. #2201	CITY-ST-ZIP AVENTURA, FL 33180		CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	STREET ADDRESS <input type="checkbox"/> Delete		CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	STREET ADDRESS <input type="checkbox"/> Delete		CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	STREET ADDRESS <input type="checkbox"/> Delete		CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	STREET ADDRESS <input type="checkbox"/> Delete		CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> 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:			04-24-07		
SIGNATURE AND TYPED OR PRINTED NAME OF FORMING OFFICER OR DIRECTOR			Date Daytime Phone #		