

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005830

FILED
Feb 23, 2011
Secretary of State

Entity Name: MEKENI CBALEN INC.

Current Principal Place of Business:

1604 BRILLIANT CUT WAY
VALRICO, FL 33594

New Principal Place of Business:

17616 LAKE IOLA ROAD
DADE CITY, FL 33523 US

Current Mailing Address:

P. O. BOX 48432
TAMPA, FL 33646

New Mailing Address:

FEI Number: 86-1163679

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LOZANO, LOURDES S
1604 BRILLIANT CUT WAY
VALRICO, FL 33594 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: LOZANO, LOURDES S
Address: P. O. BOX 48432
City-St-Zip: TAMPA, FL 33646 US

Title: VP
Name: MANGONON, ZENaida MD
Address: 1604 BRILLIANT CUT WAY
City-St-Zip: VALRICO, FL 33594 US

Title: SECT
Name: AYSON, AIDA
Address: 20216 REGAL FERN CT
City-St-Zip: TAMPA, FL 33647 US

Title: TREA
Name: CUA, RICA G MD
Address: 555 RANCH ROAD
City-St-Zip: TARPON SPRINGS, FL 34688 US

Title: AUD1
Name: FRANCISCO, CRUZ
Address: 20018 TAMiami AVE
City-St-Zip: TAMPA, FL 33647 US

Title: AUD2
Name: NILO, AYSON
Address: 20216 REGAL FERN CT
City-St-Zip: TAMPA, FL 33647 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LOURDES (LULU) S. LOZANO

PRES

02/23/2011

Electronic Signature of Signing Officer or Director

Date