

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # 402498

1. Entity Name  
MESA BROTHERS INC



**FILED  
Apr 11, 2005 8:00 am  
Secretary of State**

04-11-2005 90178 016 \*\*\*150.00

Principal Place of Business  
5742 S.W. 7TH STREET  
STE. 201  
MIAMI, FL 33144

Mailing Address  
5215 SW 103 AVE  
MIAMI, FL 33165

2. Principal Place of Business  
*5215 S.W. 103 ave*

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
*Miami Florida*

City & State

Zip  
*33105*

Country  
*Miami-Dade*

Zip

Country

6. Name and Address of Current Registered Agent

MESA, RAUL  
5215 SW 103 AVE  
MIAMI, FL 33165

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 \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution

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

10. OFFICERS AND DIRECTORS

TITLE: VPD  
NAME: MESA, CARMINA M  
STREET ADDRESS: 5215 SW 103RD AVE  
CITY-ST-ZIP: MIAMI, FL 33165

Delete

TITLE: DP  
NAME: MESA, RAUL  
STREET ADDRESS: 5215 SW 103RD AVE  
CITY-ST-ZIP: MIAMI, FL 33165

Delete

TITLE: S  
NAME: MESA, CARMINA  
STREET ADDRESS: 5215 SW 103RD AVE  
CITY-ST-ZIP: MIAMI, FL 33165

Delete

TITLE: T  
NAME: MESA, RAUL JR  
STREET ADDRESS: 5215 SW 103RD AVE  
CITY-ST-ZIP: MIAMI, FL 33165

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

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Raul Mesa*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/8/05*

*305-930-2549  
305-345-1974(c)*

Date

Daytime Phone #