

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2008 8:00 am
Secretary of State

05-22-2008 90019 047 ***150.00

DOCUMENT # 467582

1. Entity Name
MEXECOM, INC.



Principal Place of Business
**100 JIM MORAN BLVD.
DEERFIELD BEACH, FL 33442 US**

Mailing Address
**100 JIM MORAN BLVD.
LEGAL DEPT JMFDF018
DEERFIELD BEACH, FL 33442 US**

00043403



04292008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-1572589

Applied For
Not Applicable

Zip Country

Zip Country

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

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

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, 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 ☐ Delete
NAME **D BROWN, COLIN W**
STREET ADDRESS **100 JIM MORAN BLVD.**
CITY-ST-ZIP **DEERFIELD BEACH, FL 33442**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D YERVES, KEN**
STREET ADDRESS **100 JIM MORAN BLVD.**
CITY-ST-ZIP **DEERFIELD BEACH, FL 33442**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **AS WILLIAMS, CAREN S**
STREET ADDRESS **100 JIM MORAN BLVD.**
CITY-ST-ZIP **DEERFIELD BCH., FL 33442**

TITLE ☒ Change ☐ Addition
NAME **VCCS WILLIAMS, CAREN SNEAD**
STREET ADDRESS **100 JIM MORAN BLVD.**
CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

TITLE ☐ Delete
NAME **P HUFFMAN, J R**
STREET ADDRESS **100 JIM MORAN BLVD.**
CITY-ST-ZIP **DEERFIELD BCH., FL 33442**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **AT MIRAND, JR. ARTHUR J.**
STREET ADDRESS **100 JIM MORAN BLVD.**
CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **AS ARTHUR, Stephen P.**
STREET ADDRESS **100 JIM MORAN BLVD.**
CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

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:

MEXECOM, INC.

Caren Shead Williams 4/29/08 9544292000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**CAREN SNEAD WILLIAMS, VICE PRESIDENT, GENERAL COUNSEL
& SECRETARY**