

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G87623

FILED  
Jan 22, 2009  
Secretary of State

Entity Name: MESCO SYSTEMS CORPORATION OF FLORIDA

**Current Principal Place of Business:**

10001 OAKLAND PK BLVD 202  
SUNRISE, FL 33351 US

**New Principal Place of Business:**

**Current Mailing Address:**

10001 OAKLAND PK BLVD 202  
SUNRISE, FL 33351 US

**New Mailing Address:**

FEI Number: 59-2358774

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FADGEN, JERRY CPA  
21 EAST ACRE DRIVE  
PLANTATION, FL 33317 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: COHEN, AVI  
Address: 10001 OAKLAND PK SUITE 203  
City-St-Zip: SUNRISE, FL

Title: S ( ) Delete  
Name: COHEN, DORI  
Address: 10001 OAKLAND PK SUITE 203  
City-St-Zip: SUNRISE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: COHEN, AVI  
Address: 10001 OAKLAND PK SUITE 203  
City-St-Zip: SUNRISE, FL 33351

Title: S (X) Change ( ) Addition  
Name: COHEN, DORI  
Address: 10001 OAKLAND PK SUITE 203  
City-St-Zip: SUNRISE, FL 33351

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: COHEN DORI

P

01/22/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date