2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 07, 2008 8:00 am
Secretary of State
03-07-2008 90042 032 ***150.00

DOCUMENT # K30065

1. Entity Name

MEJIA MANAGEMENT CORP.

40040919

Principal Place of Business	Mailing Address
% MARIA MEJIA 11503 SW 133 PL MIAMI FL 33186	% MARIA MEJIA 11503 SW 133 PL MIAMI FL 33186

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3803 West Flagler st	11503 S.W 133Place
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: miami - Fla	City & State: Miami - Fla
Zip: 33134 Country: U.SA	Zip: 33186 Country: U.S.A

1st MOORE CR2E034 (10/07)

4. FEI Number 65-0068186 ☐ Applied F ☐ Not Applic

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MEJIA, MARIA
11503 SW 133 PL
MIAMI FL 33186

7. Name and Address of New Registered Agent

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 acc the obligations of registered ag

SIGNATURE ______ N/a ______ DATE ______

Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Added to Fee

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addi
NAME	MEJIA, MARIA C	NAME	
STREET ADDRESS	11503 S.W. 133RD PLACE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33186	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addit
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: [signature] 2/29/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR