2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2008 08:00 AM
Secretary of State

DOCUMENT # M10369

1. Entity Name
MEX, INC.

Principal Place of Business	Mailing Address
3480 MAIN HWY COCONUT GROVE, FL 33133 US	3480 MAIN HWY COCONUT GROVE, FL 33133 US

05192008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2485448
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LEDER, NATHAN I P.A.
1330 S.E. 4TH AVENUE
SUITE G
FORT LAUDERDALE, FL 33316

DO NOT WRITE IN THIS SPACE

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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 _____ 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
Due by September 12, 2008

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SAN ROMAN, TONY
STREET ADDRESS	2843 S. BAYSHORE DR #17 D
CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	V
NAME	MOORE, THOMAS A JR.
STREET ADDRESS	5770 S.W. 74 TERRACE
CITY-ST-ZIP	SOUTH MIAMI, FL 33143
TITLE	ST
NAME	PADILLA, ANTONIO
STREET ADDRESS	17255 SW 95 AVENUE, APT 162A
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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06/04/08 00055 007 **50.00

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: _____ vice-pres. 5/19/08 305-668-0999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

THOMAS A JR.
74 TERRACE