## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Jun 09, 2008 8:00 am Secretary of State

ANNUAL REPORT							
DOCUMENT # N05000005830				n Secr	etary of St	ate	
1. Entity Name				06-09-	-2008 90002 045 ****6	1.25	
MEKENI CABALEN INC.							
Principal Plac		Mailing Address		a			
P. O. BOX 48432 P. O. BOX 48432 TAMPA, FL 33637 TAMPA, FL 33637		P. O. BOX 48432 TAMPA, FL_33647	3646	401010			
1/411/412/2	33646	יייעפיים וויייייי	23644	1 10m(n0) 411 00(b) PAN 40(h)	Party 2011 0211 02101 6191 (0120 ittil 2011	e: 6) <del>(60)</del>	
Principal Place of Business - No P.O. Box # 3. Mailing Address							
2. Frincipal Flace of Business - No F.O. Bux W		J. Making Address		. E CONTIER ON BRIDE DITHE OTHER	PASTY DOSE BATIL ABIAH BILAN KATAM TITIL ABILI	E1 Q1 1911	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05052008 Chg-NP	CR2E037 (12/06)		
City & State		City & State		4. FEI Number 86-1163679		olied For Applicable	
Zip Country		Zip Country		5. Certificate of Status De	sired S8.75 Addit	tional	
	6. Name and Address of Current	Registered Agent	<del></del>	7. Name and Address of	Fee Required New Registered Agent	-	
LOZANO LOUPDES S			Name				
LOZANO, LOURDES S 17616 LAKE IOLA ROAD			Street Addre	Street Address (P.O. Box Number is Not Acceptable)			
DADE CIT	Y, FL 33523						
# *** ***			City	City Zip Code			
8. The above council arith, substite this statement for the aureace of changing its society.			existered office or regi	flice or registered agent, or both, in the State of Florida. I am familiar with, and accept			
	ions of registered agent.	the purpose of crianging its re	sgistared diffice of regi		e or ronda. Tall lavilla: will, a	ind accept	
	- Jan						
SIGNATURE .	Signature, typed or printed harne of registered agent	and title if applicable. (NOTE:	Registerad Agent signatura req	uired when reinstating)	DATE		
3.7	Filing Fee is \$61.25	9. Election Camp	paign Financing	\$5.00 v	Make check payable to		
Due by September 12, 2008 Trust Fund Contribu			· · · —	\$5.00 May Be Added to Fees	Florida Department of Sta		
10.	OFFICERS AND DIS		11.	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTORS IN	10	
TITLE NAME	PRES LOZANO, LOURDES S	☐ Delete	TITLE .		Change	☐ Addition	
STREET ADDRESS	P. O. BOX 48432		STREET ADORESS				
CITY-ST-ZIP	TAMPA, FL 33647		CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	·		
TITLE	VP	☐ Delete	TITLE		☐ Change	☐ Addition	
NAME STREET ADDRESS	MANGONON, ZENAIDA 2503 BONTERRA BLVD		NAME STREET ADDRESS				
CATY-ST-ZIP	VALRICO, FL 33594						
	***************************************		CITY-ST-ZIP				
TITLE	ŞECT	☐ Delete	CITY-ST-ZIP	ERESITA	RAMSEY OCHANGE	☐ Addition	
NAME	SECT HUNTSUNGER, MINNIE	☐ Delpte	CITY-ST-ZIP	ERESITA 13039 Hayr	RAMSEY Change	Addition	
	ŞECT	☐ Delgae	CITY-ST-ZIP	ERESITA 13039 Hayr 3 nooks vill	RAMSEY Change nan RO e, \$1, 3460	□ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	SECT HUNTSINGER, MINNIE 2593 PRIDOLE DE PLANT CITY, L 33966 TREA	Delgte	CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE	ERESITA 13039 Hayr Bnroksvill	RAMSEY Change nan RO l, Il, 3460 Change	Addition  Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	SECT HUNTSINGER, MINNIE 2593 PRIDOLE DE PEANT CITY, EL 33966 TREA CUA, RICA G MD		CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	ERESITA 13039 Hayr 3 nooks vill			
NAME STREET ADDRESS CITY-ST-ZIP	SECT HUNTSINGER, MINNIE 2593 PRIDOLE DE PLANT CITY, L 33966 TREA		CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE	ERESITA 13039 Hayr 3 npoks Vill			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	SECT HUNTSINGER, MINNIE 2593 BRIDDLE DR PEANT CITY: EL 33966 TREA CUA, RICA G MD 555 RANCH ROAD		CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ERESITA 13039 Hayr Bnroksvill			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	SECT HUNTSINGER, MINNIE 2593 PRIDOLE DR PEANT CITX EL 33366 TREA CUA, RICA G MD 555 RANCH ROAD TARPON SPRINGS, FL 34688 A BRADEN, NORMITA	☐ Delete	CITY-ST-ZIP  TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	ERESITA 13039 Hayr 3 nooks vill	☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	SECT HUNTSINGER, MINNIE 2593 PRIDOLE DR PEANT CITX EL 33966 TREA CUA, RICA G MD 555 RANCH ROAD TARPON SPRINGS, FL 34688 A BRADEN, NORMITA 802 ATTACHE CT	☐ Delete	CITY-ST-ZIP  TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	ERESITA 13039 Hayr 3 npoks Vill	☐ Change	Addition	
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	SECT HUNTSINGER, MINNIE 2599 PRIDOLE DR PEANT CITX EL 33966  TREA CUA, RICA G MD 555 RANCH ROAD TARPON SPRINGS, FL 34688 A BRADEN, NORMITA 802 ATTACHE CT TAMPA, FL 33613 PRO MOYERS, LOURDES	☐ Celete	CITY-ST-ZIP  TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	ERESITA 13039 Hayr 3 nooks vill	☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	SECT HUNTSINGER, MINNIE 2599 PRIDOLE DR PEANT CITX EL 33966  TREA CUA, RICA G MD 555 RANCH ROAD TARPON SPRINGS, FL 34688 A BRADEN, NORMITA 802 ATTACHE CT TAMPA, FL 33613 PRO MOYERS, LOURDES 1944 RENSSELEAR DR	☐ Celete	CITY-ST-ZIP  TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	ERESITA 13039 Hayr 3 npoksvill	☐ Change	☐ Addition	
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12. Thereby certify that the information supplied with this filling does not quality 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 tulstee impowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an additions, with all other like empowered.

SIGNATURE: \_

SIGNATURE AND THED DAYPRINTED MAKE OF SIGNING OFFICER OR DIRECTOR

6/2/08

Daytime Phone #