


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

| | | | | | |
|--|--|---|--|--|--|
| DOCUMENT # N05000005830 | |  | | Secretary of State 06-09-2008 90002 045 ****61.25 | |
| 1. Entity Name MEKENI CBALEN INC. | | | | | |
| Principal Place of Business P. O. BOX 48432 TAMPA, FL 33647 | | Mailing Address P. O. BOX 48432 TAMPA, FL 33647 | | 40101000 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | 05052008 Chg-NP CR2E037 (12/06) | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number 86-1163679 | |
| City & State | | City & State | | Applied For Not Applicable | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| LOZANO, LOURDES S 17616 LAKE IOLA ROAD DADE CITY, FL 33523 | | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by September 12, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PRES LOZANO, LOURDES S P. O. BOX 48432 TAMPA, FL 33647 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP MANGONON, ZENAIDA 2503 BONTERRA BLVD VALRICO, FL 33594 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SECT HUNTSINGER, MINNIE 2598 BRIDLE DR PLANT CITY, FL 33568 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | TERESITA RAMSEY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 23039 Hayman RD BROOKSVILLE, FL 34602 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TREA CUA, RICA G MD 555 RANCH ROAD TARPON SPRINGS, FL 34688 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | A BRADEN, NORMITA 802 ATTACHE CT TAMPA, FL 33613 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PRO MOYERS, LOURDES 1944 RENSSLEAR DR WESLEY CHAPEL, FL 33543 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 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 617, 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: _____ | | 6/2/08 | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | | | |