

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005830

Entity Name: MEKENI CABALEN INC.

FILED
Feb 16, 2009
Secretary of State

Current Principal Place of Business:

P. O. BOX 48432
TAMPA, FL 33646

New Principal Place of Business:

1604 BRILLIANT CUT WAY
VALRICO, FL 33594

Current Mailing Address:

P. O. BOX 48432
TAMPA, FL 33646

New Mailing Address:

FEI Number: 86-1163679

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOZANO, LOURDES S
17616 LAKE IOLA ROAD
DADE CITY, FL 33523 US

Name and Address of New Registered Agent:

LOZANO, LOURDES S
1604 BRILLIANT CUT WAY
VALRICO, FL 33594 US

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:

02/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: LOZANO, LOURDES S
Address: P. O. BOX 48432
City-St-Zip: TAMPA, FL 33647 US

Title: VP () Delete
Name: MANGONON, ZENaida
Address: 2503 BONTERRA BLVD
City-St-Zip: VALRICO, FL 33594 US

Title: SECT () Delete
Name: RAMSEY, TERESITA
Address: 23039 HAYMAN RD.
City-St-Zip: BROOKSVILLE, FL 34602 US

Title: TREA () Delete
Name: CUA, RICA G MD
Address: 555 RANCH ROAD
City-St-Zip: TARPON SPRINGS, FL 34688 US

Title: A (X) Delete
Name: BRADEN, NORMITA
Address: 802 ATTACHE CT
City-St-Zip: TAMPA, FL 33613 US

Title: PRO (X) Delete
Name: MOYERS, LOURDES
Address: 1944 RENSSELEAR DR
City-St-Zip: WESLEY CHAPEL, FL 33543 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: LOZANO, LOURDES S
Address: P. O. BOX 48432
City-St-Zip: TAMPA, FL 33646 US

Title: VP (X) Change () Addition
Name: MANGONON, ZENaida MD
Address: 1604 BRILLIANT CUT WAY
City-St-Zip: VALRICO, FL 33594 US

Title: SECT (X) Change () Addition
Name: MANGONON, ZENaida MD
Address: 1604 BRILLIANT CUT WAY
City-St-Zip: VALRICO, FL 33594 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOURDES S. LOZANO

PRE

02/16/2009

Electronic Signature of Signing Officer or Director

Date