2004 FOR PROFIT CORPORATION

Apr 29, 2004 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P00000016277** 04-29-2004 90323 031 ***150.00 1. Entity Name MESH CORPORATION Principal Place of Business Mailing Address CAN WINDS 2302 NW 71ST PLACE 2302 NW 71ST PLACE GAINESVILLE, FL 32653 GAINESVILLE, FL 32653 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04282004 Chg-P CR2E034 (10/03) City & State City & State 4. FEi Number Applied For 59-3632601 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent Poceus SILVA, MABELE E Street Address (P.O. Box Number is Not Acceptable) 2302 NW 71ST PLACE GAINESVILLE, FL-32653 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 8. The above no the lobligati SIGNA secent and ritle if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Lilia S. Polengal Delete TITLE TITLE 2302 NW71 GE Place HERNANDEZ, OLMEDO D NAME NAME STREET ADDRESS 4531 NW 28TH TERR STREET ADDRESS GAINESVILLE, FL 32605 CITY-ST-ZIP CITY-ST-ZIP Addition VPS Delete TITLE DITLE NAME SILVA, MABEL E NAME 2302 NW 71ST PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GAINESVILLE, FL 32653 CITY-ST-ZIP ☐ Change Addition VP TITLE ☑ Delete NAME "NAME STELLA, LILIA ~ 2302 NW 71ST PLACE STREET ADDRESS STREET ADDRESS GAINESVILLE, FL 32653 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE HERNANDEZ, HERMAN A NAME NAME STREET ADDRESS 2302 NW 71ST PLACE STREET ADDRESS CITY-ST-ZIP GAINESVILLE, FL 32653 CITY-ST-ZIP Addition Delete Change TITLE TETLE UMLAUF, GREGORY G NAME MANIF 2302 NW 71ST PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE, FL 32653 Addition Change Delete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 of those 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

CITY-ST-7IP

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED