

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90066 033 \*\*\*150.00

<b>DOCUMENT # P00000082264</b>					
<b>1. Entity Name</b> MEDITERRANEAN MANUFACTURING, INC.					
<b>Principal Place of Business</b> 8 SE 2ND AVE STE 1002 MIAMI, FL 33131			<b>Mailing Address</b> 8 SE 2ND AVE STE 1002 MIAMI, FL 33131		
<b>2. Principal Place of Business - No P.O. Box #</b> 2520 SW 22ND ST		<b>3. Mailing Address</b> Suite, Apt. #, etc. 110			
<b>City &amp; State</b> CORAL GABLES		<b>City &amp; State</b>		<b>4. FEI Number</b> 65-1069855	
<b>Zip</b> FL		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> CACERES, MIGUEL O 540 BRICKELL KEY DR #816 MIAMI, FL 33131			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 2520 SW 22ND ST SUITE #110 City CORAL GABLES FL Zip Code 33145		
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>- After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D CACERES, MIGUEL O 8 SE 2ND AVE STE 1002 2520 SW 22 ST MIAMI, FL 33131 MIAMI FL 33145		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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.</b>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: APR 13-2007 Daytime Phone #		