## **2006 FOR PROFIT CORPORATION** ANNUAL REPORT

## Apr 26, 2006 8:00 am Secretary of State DOCUMENT # P00000088787 04-26-2006 90180 029 \*\*\*158.75 1. Entity Name MEKAM, INC. Principal Place of Business Mailing Address 40062222 2742 BISCAYNE BLVD 2742 BISCAYNE BLVD MIAMI, FL 33137 MIAMI, FL 33137 2. Principal Place of Business 3. Mailing Address 1320 South Dixie Highway 1320 South Dixie Highway Suite, Apt. #, etc. Suite, Apt. #, etc. 03292006 CR2E034 (11/05) Chg-P Ste 1061 Ste 1061 City & State City & State 4. FEI Number Applied For Coral Gables FL Coral Gables FL 65-1050068 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33146 33146 US US Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Jorge L Aldecoa MATZ, ISAAC PA Street Address (P.O. Box Number is Not Acceptable) 1320 South Dixie Highway Ste 1061 2742 BISCAYNE BLVD MIAMI, FL 33131 City Coral Gables Zip Code 33146 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 gistered agent <u>4-3-06</u> Jorge L Aldecoa SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE X Delote X Addition TITLE ☐ Change MATZ, ISAAC CPA NAME Jorge L Aldecoa 2742 BISCAYNE BLVD STREET ADDRESS STRELT AUDRESS 1320 South Dixie Highway Ste 1061 MIAMI, FL 33137 CITY-ST-7/P CITY-ST-ZIP Coral Gables FL 33146 ☐ Delete TITLE TITLE Change Addition NAML: NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST ZIP ☐ Delete TITLE \_ HILL ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-70P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY SI-ZIP CHY SI ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STRFET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY - ST - ZIP 12. Thereby 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 807, 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.

Jorge L Aldecoa

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

305-665-5303

Daytime Phone #