


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90079 014 ***150.00

DOCUMENT # P01000073455 1. Entity Name MEKAWELD, INC.					
Principal Place of Business 12136 WILES ROAD POMPANO BEACH, FL 33076			Mailing Address 12136 WILES ROAD BAY 3 POMPANO BEACH, FL 33076		
2. Principal Place of Business 12136 WILES ROAD		3. Mailing Address 12136 WILES ROAD			
Suite, Apt. #, etc. BAY 3		Suite, Apt. #, etc. BAY 3			
City & State CORAL SPRINGS FL		City & State CORAL SPRINGS FL		4. FEI Number 65-1128979	
Zip 33076		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TREJO, MIGUEL A 3140 WEST 84 ST HIALEAH, FL 33018			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6282 NW 74th TERRACES City PARKLAND, FL Zip Code 33067		
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			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 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P TREJO, RAFAEL O 3140 WEST 84 ST BAY 3 HIALEAH, FL 33018 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 12136 WILES ROAD CORAL SPRINGS FL 33076	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V TREJO, GLORIA E 3140 W. 84TH STREET BAY 3 HIALEAH, FL 33018 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 12136 WILES ROAD CORAL SPRINGS, FL 33076	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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 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 exemption.					
SIGNATURE: <u>Gloria E. Trejo</u> (GLORIA E. TREJO)			1-26-06 954-341-1870		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		