2008 FOR PROFIT CORPORATION

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| | ANNUAL | REPORT | State of | | Apr | 28, 2008 08:0 |
|--|--|---|------------------------|------------------------------------|-------------------------|---|
| 1. Entity Nan | MENT # P020000981 MEXICO, INC. | 91 | | | 2 | Secretary of Sta |
| 1907 DREW | ce of Business STREET R, FL 33765 | Mailing Address 1907 DREW STREET CLEARWATER, FL 33765 | <u> </u> | | | |
| | OO NOT WRITE | IN THIS SPA | CE | 04182008 4. FEI Numbe 05-052 | No Chg-P | CR2E034 (11/05) Applied For Not Applicable \$8.75 Additional Fee Required |
| | 6. Name and Address of Current Re JESUS BERN AVE N TERSBURG, FL 33703 | | | NOT WI | | |
| | e named entity submits this statement for the titions of registered agent. Signature, typed or printed name of registered agent and | | red office or register | <u> </u> | h. in the State of Flor | ida. I am familiar with, and accept |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Fin Trust Fund Contribution | | | · _ +- | .00 May Be ed to Fees | V0000 | 0928353 |
| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PERNIA, JESUS 628 NEWBERN AVE N SAINT PETERSBURG, FL 33703 D PACHECO, ZORAYA 628 NEWBERN AVE N SAINT PETERSBURG, FL 33703 | RECTORS | | | 05721708 | r-30026-015-150.00 |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1 ' | DO NOT WRITE IN THIS SPACE | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | | •. | | · | , | |

12. I hereby certify that the information supplied with this filling 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 507, 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

08