

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90242 008 ***150.00

DOCUMENT # P02000103236							
1. Entity Name WIRE MESH CORP.							
Principal Place of Business 4034 FAYE ROAD JACKSONVILLE, FL 32226		Mailing Address 4034 FAYE ROAD JACKSONVILLE, FL 32226					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		01222008 Chg-P CR2E034 (12/06)			
Zip -		Country		4. FEI Number 43-1976421			
Zip		Country		Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		<input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
HERNANDEZ, ARTHUR ESQUIRE 2223 OAK STREET, SUITE 711 JACKSONVILLE, FL 32204			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	C/D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	MILEGO, JOSE I		NAME	Sala, Jose I.			
STREET ADDRESS	4034 FAYE ROAD		STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE, FL 322262347		CITY-ST-ZIP				
TITLE	P/D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	BARRENECHEA, LUIS		NAME				
STREET ADDRESS	862 CORSICA LANE		STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE, FL 32218		CITY-ST-ZIP				
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	SALA, JUAN CARLOS		NAME				
STREET ADDRESS	4034 FAYE ROAD		STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE, FL 322262347		CITY-ST-ZIP				
TITLE	VP/D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	BARRENECHEA, RAFAEL		NAME				
STREET ADDRESS	4034 FAYE ROAD		STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE, FL 322262347		CITY-ST-ZIP				
TITLE	VP/D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	BARRENECHEA, JORDI		NAME				
STREET ADDRESS	4034 FAYE ROAD		STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE, FL 322262347		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
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.							
SIGNATURE: 		_____ Date 04/28/08 Daytime Phone #					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							