2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCU 1. Entity Nam MEPAS, I			Mar 07, 2005 08:00 AM Secretary of State						
Principal Plac	a of Rusiness	Mailing Address	<u> </u>	QEEP .	-				
•	ONE S. AVENUE	3213 KINGS ONE S. AVENUE BRANDON FL 33511				Sicher ale de secondo desti de secondo de se	niil Bulles state synce on	ni s (bils)	i pres de suma
2. Principal P	Place of Business	3. Mailing Address			-				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			15	et MOORE (CR2E034 (10	/04)	
City & State		City & State		4. FEI Numb	^{per} 56-2358119		1 1	plied For t Applical	
Zip	Country	Zip				e of Status Desired	Feel	75 Add Required	
	6. Name and Address of Current	tegistered Agent Name			7. Name an	d Address of New Re	gistered Agen	<u> </u>	<u> </u>
SPIEGEL & UTRERA, P.A.					-				
184	0 SW 22ND ST.			Street Address (P.O. Box Number is Not Acceptable)					
MIA	MI FL 33145					····		<u> </u>	
				City			_ [-	ip 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 .	Signature, typed or printed name of registered agen	d when reinstaling)	<u>,, v same</u>	DATE		 .			
FILE NOW!!! FEE IS \$150.00							<u>, </u>		
After	May 1, 2005 Fee Will Be \$550.0 k Payable to Florida Department of			9. Election Campai Trust Fund Conti			00 May 2 d to Fees		
10.	OFFICERS AND	DIRECTORS	11.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS	CHANGES TO OFFIC	ERS AND DIR	EÇTORS	51N 11
THTLE	PD CONTRACT			1				Change	A.S.
NAME STREET ADDRESS	EYER, SOFIA M 13 KINGS ONE S. AVENUE		NAM Stri	ET ADDRESS					
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CITY-ST-ZIP	BRANDON FL 33511			·ST-ZIP					
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NAME STREET ADDRESS	MEYER, PATRICK J 3213 KINGS ONE S. AVENUE		NAM STRI	IE ET ADDRESS					
CITY-ST-ZIP	BRANDON FL 33511			-ST-ZIP					
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NAME CTOSET ADDRESS	MEYER, WILLIAM 3213 KINGS ONE S. AVENUE		NAM	IÉ EET ADDRESS	·				
STREET ADDRESS CITY-ST-ZIP	BRANDON FL 33511			-ST-ZIP					
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NAME			NAM	-				**	
STREET ADDRESS			1	EFT ADDRESS '-ST-ZIP					
CITY-ST-ZIP	certify that the information supplied will	h this filing does not qualify fo	r the exc	l emotion stated in S	ection 119.07/3	(i), Florida Statutes 1	further certify the	at the ir	formation
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 changed, or on an attachment with an address, with all other like empowered.									

FILED

2-28-05 Dele Daytme Phone #