


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90171 004 ***150.00

DOCUMENT # <u>P03 0000 526 24</u>	
1. Entity Name <u>MECHANIC WALFRIDO ASSOCIATES GROUP INC.</u>	

DO NOT WRITE IN THIS SPACE

24071697

2. Principal Place of Business <u>1939 W 76TH ST</u>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>MIAMI FL</u>		City & State	
Zip <u>33014</u>	Country <u>MIAMI-DADE</u>	Zip	Country
4. FEI Number <u>86-1062986</u>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <u>ONELA SERAFIO W</u>
Street Address (P.O. Box Number is Not Acceptable) <u>1939 W 76th Street.</u>
City <u>MIAMI FL</u> FL Zip Code <u>33014</u>

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]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

04-28-04

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>PD</u> <u>ONELA, SERAFIO W</u> <u>1939 W 76th ST MIAMI FL 33014</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/04 305-557-1202
Date Daytime Phone #