

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000053293

1. Entity Name
MEFER ENTERPRISES, CORP.



Principal Place of Business Mailing Address
9450 POINCIANA PLACES #202 9450 POINCIANA PLACES #202
FT. LAUDERDALE, FL 33324 FT. LAUDERDALE, FL 33324



2. Principal Place of Business		3. Mailing Address		03092006	Chg-P	CR2E034 (11/05)
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For
City & State		City & State		83-0358322		Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MEDINA, ANDRES F 9450 POINCIANA PLACES #202 FT. LAUDERDALE, FL 33324		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 Andrés Medina Galán DATE 03/09/06
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MEDINA, ANDRES F 9450 POINCIANA PLACES #202 FT. LAUDERDALE, FL 33324 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 1100000464072 03/22/06-80005-007 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VO FERNANDEZ, MARIA C 9450 POINCIANA PLACES #202 FT. LAUDERDALE, FL 33324 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 empowered.

SIGNATURE: Andrés Medina Galán DATE 03/09/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR