

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90097 011 ***158.75

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01092007 Chg-P CR2E034 (12/06)

DOCUMENT # P03000060311 1. Entity Name MEJIA-LOPEZ, INC.																													
Principal Place of Business 316 NEW MARKET RD. W IMMOKALEE, FL 34142			Mailing Address 316 NEW MARKET RD. W IMMOKALEE, FL 34142																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																											
City & State Zip Country		City & State Zip Country		4. FEI Number 06-1697494																									
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable																									
6. Name and Address of Current Registered Agent SKERRETT, RICARDO 328 CAPE CORAL PKWY. W CAPE CORAL, FL 33914			7. Name and Address of New Registered Agent Name FRANK RODRIGUEZ Street Address (P.O. Box Number is Not Acceptable) 3333 RENAISSANCE BLVD. # 205 City BOWITA SPRINGS FL Zip Code 34134																										
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 <u>FRANK RODRIGUEZ</u> DATE <u>1-9-07</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																											
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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 an other like empowered.																													
SIGNATURE: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>1-11-07</u> Daytime Phone # _____																									