2004 FOR PROFIT CORPORATION ANNUAL REPORT

| DOCUMENT # P03000085349 1. Entity Name MEDITERRANEAN EXPERIENCE, INC. | | | | | | | • | LED 28 AM | 9 10 | | |
|---|---|--------------------------------------|---------------------|-------------------------|--|-------------------------------------|----------------------|-----------------------|----------------------------------|-----------------------------|--|
| Principal Place | e of Business | Mailing Address | ailing Address | | | | enenema. | engagan jeli meningan | | | |
| | | 7531 NW 52 STREET MIAMI, FL 33166 | | | | | SECRETA TALLAHAS | SSEL, FL | ()F(i)A | | |
| 2. Principal Pl | ace of Business | 3. Mailing Address | . Mailing Address | | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | 04232004 | Chg-P | | 34 (10/03) | | |
| City & State | | City & State | City & State | | | 4. FEI Number | 014227 | 'S | | oplied For ot Applicable | |
| Žip | Country | Zip | Zip Country | | | 5. Certificate | of Status Desired | | \$8.75 Add Fee Require | | |
| | 6. Name and Address of Current | Registered Agent | | Name | | 7. Name and | Address of New | Registered A | gent | | |
| CRUZ, MARY | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| 7531 NW 5 MIAMI, FL | 52 STREET 33166 | | Street Addres | | | (L.O. BOX Humber to Hot Occeptable) | | | | | |
| | | | City. | | | | | | Zip Cod | | |
| The above named entity submits this statement for the purpose of changing its re | | | | City | -i-+ | danah arbat | h in the State of f | FL | | | |
| | named entity submits this statement fi ions of registered agent. | or the purpose of changing its | register | ed office or reg | jistere | ed agent, or bot | n, in the State of I | новоа. Татт | атпиат with, | and accept | |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renstating) OATE | | | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. | | | | | | 00 May Be d to Fees | | | | | |
| 10. | OFFICERS AND | | 11. | | | ADDITIONS/ | CHANGES TO O | FICERS AND | | S IN 11 | |
| title Name | PVST CRUZ, MARY | ☐ Delete | T}TL NAN | | | <u></u> | mauna: | | Change | _ | |
| STREET ADDRESS CITY-ST-ZIP | 7531 NW 52 STREET MIAMI, FL 33166 | | | eet address /-st-zip | | 04/2 | 00033 6/04010 | 70001 | **45 | 0.00 | |
| TITLE . | D CRUZ, MARY | Delete | | E AE | | | | | ☐ Change | Addition | |
| STREET ADDRESS | 7531 NW 52 STREET | | STR | EET ADORESS | | | | | | | |
| CITY-ST-ZIP | //IAMI, FL 33166 ☐ Delete | | TITL | r-ST-ZIP | | | | | ☐ Change | ☐ Addition | |
| TITLE NAME | | L. Deiete | NAA | | | | | | Onlingo | | |
| STREET ADDRESS CITY-ST-ZIP | | | | EET ADDRESS Y-ST-ZIP | | | | | | | |
| TITLE | | ☐ Delete | TITL | E | | | | | ☐ Change | Addition | |
| NAME STREET ADDRESS | | | NAM STR | AE EET ADORESS | | | | | | | |
| CITY-ST-ZIP | | | CITY | Y-ST-ZIP | | | | | | | |
| TITLE NAME | | ☐ Delete | TITE NAA | | | | | | Change | Addition | |
| STREET ADDRESS | | | | EET ADDRESS Y-SI-ZIP | | | | | | | |
| TITLE | | ☐ Delete | TITE | | | | · | | ☐ Change | Addition | |
| NAME | | Descie | NAM | Æ. | | | | | C oncorago | | |
| STREET ADDRESS CITY-ST-ZIP | | / | | EET ADDRESS Y-ST-ZIP | | | | | | | |
| 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 apport 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: // MARY CAUZ | | | | | | 4-23-0 | 94 | 305-3 | 30333 | 335 | |
| | SIGNATURE AND TYRED O | R PRINTED NAME OF SIGNING OFFICER | OF DIREC | тоя | | | Date | E | laytime Phone # | | |