
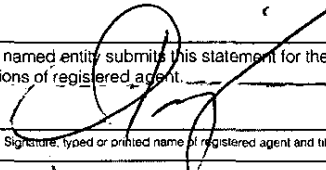
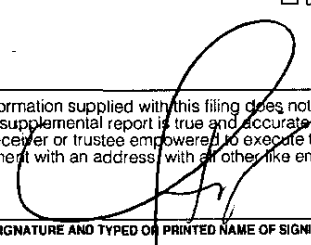


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2004 8:00 am**  
**Secretary of State**

03-17-2004 90019 048 \*\*\*158.75

<b>DOCUMENT # P03000102648</b> 1. Entity Name <b>ME COMMUNICATIONS, INC.</b>					
Principal Place of Business <b>PO BOX 771568</b> <b>ORLANDO, FL 32811-1568</b>			Mailing Address <b>PO BOX 771568</b> <b>ORLANDO, FL 32811-1568</b>		
2. Principal Place of Business <b>1919 Sand Lake Rd</b> Suite, Apt. #, etc.			3. Mailing Address <b>P.O. Box 771568</b> Suite, Apt. #, etc.		
City & State <b>Orlando, FL</b>		City & State <b>Orlando, Florida</b>		4. FEI Number <b>56-2393969</b>	
Zip <b>32809</b>		Country <b>Orlando</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HERNANDEZ, ORLANDO</b> <b>4638 RAINTREE RIDGE RD</b> <b>ORLANDO, FL 32837</b>			7. Name and Address of New Registered Agent Name <b>Orlando Hernandez</b> Street Address (P.O. Box Number is Not Acceptable) <b>1919 Sand Lake Rd</b> City <b>Orlando</b> <b>FL</b> Zip Code <b>32809</b>		
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  DATE <b>3-22-04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>HERNANDEZ, ORLANDO</b> <b>4638 RAINTREE RIDGE RD</b> <b>ORLANDO, FL 32837</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>Orlando Hernandez</b> <b>1919 Sand Lake Rd</b> <b>Orlando FL 32809</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 if changed, or on an attachment with an address with an other like empowered.					
SIGNATURE:  <b>3/12/04</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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01222004 Chg-P CR2E034 (10/03)