2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000015241

Title:

Name:

Address:

City-St-Zip:

VD

VASQUEZ, PITO

129 TWIN TREES DR

() Delete

DEFUNIAK SPRINGS, FL 32433

FILED Mar 05, 2007 Secretary of State

Entity Name: MEKO CONSTRUCTION, INC. **Current Principal Place of Business: New Principal Place of Business:** 797 GEORGIA STREET CRESTVIEW, FL 32536 **Current Mailing Address: New Mailing Address:** 797 GEORGIA STREET CRESTVIEW, FL 32536 FEI Number: 20-0687905 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LINARES, ANGEL 797 GEORGIA STREET CRESTVIEW, FL 32536 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition LINARES, ANGEL Name: Name: 797 GEORGIA STREET Address: Address: City-St-Zip: CRESTVIEW, FL 32536 City-St-Zip: Title: STD Title: () Delete () Change () Addition Name: LINARES AMY Name: 797 GEORGIA STREET Address: Address: CRESTVIEW, FL 32536 City-St-Zip: City-St-Zip: () Delete Title: Title: VD () Change () Addition DEL CASTILLO, MAURICIO F Name: Name: 129 TWIN TREES DR Address: Address: City-St-Zip: DEFUNIAK SPRINGS, FL 32433 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ANGEL LINARES PRES 03/05/2007

(X) Change () Addition

VASQUEZ, TITO

129 TWIN TREES DR

DEFUNIAK SPRINGS, FL 32433