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Secretary of State
08-01-2005 90027 050 ***150.00

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2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000154867

1. Entity Name
MARIEL YAHAIRA MEJIA, INC.

66026783

07292005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
751 NW AIROSO BOULEVARD PORT ST. LUCIE, FL 34983	751 NW AIROSO BOULEVARD PORT ST. LUCIE, FL 34983
2. Principal Place of Business: 7550 Hyw. US 1	3. Mailing Address: 7550 Hyw S US 1
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: port st lucie florida	City & State: PSL. Florida
Zip: 34952 Country	Zip: 34952 Country

Correct address of business

4. FEI Number: 760771059 ☐ Applied For ☐ Not Applicable

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
FARRELL, RICKEY L ESQ. 1595 S.E. PORT ST. LUCIE BOULEVARD PORT ST. LUCIE, FL 34952	Name: mariel yahaira mejia Street Address (P.O. Box Number is Not Acceptable): 869 SW piedmont court City: port st lucie FL Zip Code: 34986

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: Mariel Yahaira Mejia 7/25/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MEJIA, MARIEL Y		NAME	
STREET ADDRESS	751 NW AIROSO BOULEVARD		STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE, FL 34983		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-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 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: Mariel Yahaira Mejia 7/25/05 772 344-1899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #