2007 FOR PROFIT CORPORATION

DO NOT WRITE IN THIS SPACE

ANNUAL REPORT DOCUMENT # P04000154867

1. Entity Name MARIEL YAHAIRA MEJIA, INC.

02272007

4. FEI Number

76-0771259

Principal Place of Business Mailing Address

7550 SOUTH US 1 PORT SAINT LUCIE, FL 34952 7550 SOUTH US 1

PORT SAINT LUCIE, FL 34952 US

FILED Mar 01, 2007 08:00 A Secretary of State



No Chg-P

CR2E034 (11/05)

Applied For

Not Applicable

				5. Certificate	of Status Desired	\$8.75 Additional Fee Required
Name and Address of Current Registered Agent				1		
MEJIA, MARIEL 864 SOUTHWEST PIEDMONT COURT PORT SAINT LUCIE, FL 34986			DO NOT WRITE IN THIS SPACE			
	named entity submits this statement for the pions of registered agent	ourpose of changing its registere	ed office or reg	jistered agent, or bot	h, in the State of Flori	da. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable (NOTE Registered	i Agent signature re	quired when reinstating)	<u> </u>	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Trust Fund Contrib			cing	\$5.00 May Be Added to Fees		
. J. OFFICERS AND DIRECTORS						11 To
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O MEJIA, MARIEL Y 864 SW PIEDMONT COURT PORT ST. LUCIE. FL 34986				ИООВОО 03/12/07-0	952810 80032-009 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WI	RITE

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 all other like empowered.

TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS J:P - ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

IN THIS SPACE