


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2007 8:00 am
Secretary of State

01-24-2007 90044 022 ***150.00

DOCUMENT # P05000117767			
1. Entity Name MEVYS TRADING CORPORATION			
Principal Place of Business 3721 SW 45TH AVE HOLLYWOOD, FL 33023		Mailing Address 3721 SW 45TH AVE HOLLYWOOD, FL 33023	
2. Principal Place of Business - No P.O. Box # <i>1013 NE 42 PL</i>		3. Mailing Address <i>1013 NE 42 PL</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Homestead, FL</i>		City & State <i>Homestead, FL</i>	
Zip <i>33033</i>		Zip <i>33033</i>	
Country		Country	
4. FEI Number 20-3360585		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BETANCUR, JUAN T 3721 SW 45TH AVE HOLLYWOOD, FL 33023		7. Name and Address of New Registered Agent Name <i>Betancur, Juan G.</i> Street Address (P.O. Box Number is Not Acceptable) <i>1013 NE 42 PL</i> City <i>Homestead</i> FL <i>33033</i>	
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 <i>[Signature]</i>		DATE <i>1/17/07</i>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BETANCUR, JUAN G 3721 SW 45TH AVE HOLLYWOOD, FL 33023 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President</i> <i>Betancur, Juan G.</i> <i>1013 NE 42 PL</i> <i>Homestead, FL 33033</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JARAMILLO, MARIA V 3721 SW 45TH AVE HOLLYWOOD, FL 33023 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Vicepresident</i> <i>Jaramillo, Maria V.</i> <i>1013 NE 42 PL</i> <i>Homestead, FL 33033</i> <input checked="" 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
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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 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.			
SIGNATURE: <i>[Signature]</i>		DATE <i>1/17/07</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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