
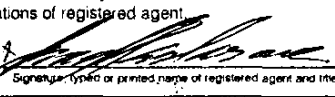
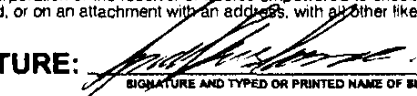


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90840 015 ***150.00

DOCUMENT # P05000131858					
1. Entity Name MEXCO MARKETING EXPERT CORPORATION					
Principal Place of Business 305 GALEN DR #107 KEY BISCAVNE, FL 33149			Mailing Address 305 GALEN DR #107 KEY BISCAVNE, FL 33149		
2. Principal Place of Business - No P.O. Box # 7300 Biscayne Blvd		3. Mailing Address 7300 Biscayne Blvd			
Suite, Apt. #, etc. 305		Suite, Apt. #, etc. 305			
City & State Miami, Florida		City & State Miami, Florida			
Zip 33138	Country USA	Zip 33138	Country USA	4. FEI Number 76-0801198	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent LATORRE, JOSE B 305 GALEN DR #107 KEY BISCAVNE, FL 33149				7. Name and Address of New Registered Agent Name Belkys D LARA Street Address (P.O. Box Number is Not Acceptable) 7300 Biscayne Blvd Suite 305 City Miami FL Zip Code 33138	
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 		P. Belkys D. LARA		DATE April 24/07	
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	PT LATORRE, JOSE B 305 GALEN DR #107 KEY BISCAVNE, FL 33149 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LATORRE JOSE B 7300 Biscayne Blvd # 305 Miami, FL. 33138 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V OSPINA, CARLOS 305 GALEN DR #107 KEY BISCAVNE, FL 33149 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BELKYS D. LARA 7300 Biscayne Blvd # 305 Miami, FL 33138 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ESCOBAR, IRIS 305 GALEN DR #107 KEY BISCAVNE, FL 33149 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S IRIS ESCOBAR 7300 Biscayne Blvd + 305 Miami, FL. 33138 <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	V DARWIN FAVIER 7300 Biscayne Blvd # 305 Miami, FL 33138 <input type="checkbox"/> Change <input checked="" 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 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 another like empowered.					
SIGNATURE: 		P. Belkys D. LARA		DATE April 24/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Phone 786 5176742	