

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P05000141808 1. Entity Name MEI 601 CORP.						FILED 2008 AUG 21 AM 10:01 SECRETARY OF STATE TALLAHASSEE, FLORIDA <i>8-22-08</i> 																								
Principal Place of Business 2655 LEJEUNE RD. SUITE 520 MIAMI, FL 33134				Mailing Address 2655 LEJEUNE RD. SUITE 520 MIAMI, FL 33134																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		08082008 Chg-P CR2E034 (12/06)																										
City & State Zip Country		City & State Zip Country		4. FEI Number 26-0248065 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable																										
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent PENALVER, AURORA ESQ. 2655 LEJEUNE RD., STE 520 CORAL GABLES, FL 33134																										
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																										
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">D</td> <td style="width: 30%;">Delete</td> </tr> <tr> <td>NAME</td> <td>COTTIN, LUIS F</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2655 LEJEUNE RD., STE 520</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CORAL GABLES, FL 33134</td> <td></td> </tr> </table>		TITLE	D	Delete	NAME	COTTIN, LUIS F		STREET ADDRESS	2655 LEJEUNE RD., STE 520		CITY-ST-ZIP	CORAL GABLES, FL 33134														
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">Change</td> <td style="width: 30%;">Addition</td> </tr> <tr> <td>NAME</td> <td>500134951079</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>08/26/08--01005--029 ***306.25</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	Change	Addition	NAME	500134951079		STREET ADDRESS	08/26/08--01005--029 ***306.25		CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">Change</td> <td style="width: 30%;">Addition</td> </tr> <tr> <td>NAME</td> <td>VP</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>Frank Lopez- 304</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>2655 Lejeune Rd., Suite 520</td> <td></td> </tr> <tr> <td></td> <td>Coral Gables, FL 33134</td> <td></td> </tr> </table>		TITLE	Change	Addition	NAME	VP		STREET ADDRESS	Frank Lopez- 304		CITY-ST-ZIP	2655 Lejeune Rd., Suite 520			Coral Gables, FL 33134	
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																														