


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90076 017 ***150.00

DOCUMENT # P06000072764 1. Entity Name M E K GLOBAL ENTERPRISES CORPORATION			
Principal Place of Business 115 PRESTIGE DRIVE ROYAL PALM BEACH, FL 33411		Mailing Address 115 PRESTIGE DRIVE ROYAL PALM BEACH, FL 33411	
2. Principal Place of Business - No P.O. Box # 732 Belle Grove Lane		3. Mailing Address 732 Belle Grove Lane	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Royal Palm Beach, FL		City & State Royal Palm Beach, FL	
Zip 33411		Zip 33411	
Country 		Country 	
4. FEI Number 20-4926304		Applied For <input 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 MARTINEZ, MIRIAM 115 PRESTIGE DRIVE ROYAL PALM BEACH, FL 33411		7. Name and Address of New Registered Agent Name MARTINEZ, MIRIAM Street Address (P.O. Box Number is Not Acceptable) 732 Belle Grove Lane City Royal Palm Beach FL Zip Code 33411	
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>Miriam Martinez</i> (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	P MARTINEZ, MIRIAM 115 PRESTIGE DRIVE ROYAL PALM BEACH, FL 33411 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 732 Belle Grove Lane Royal Palm Beach, FL 33411
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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>Miriam Martinez</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date		Daytime Phone #	