

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P07000007156

Entity Name: MEJENIKK'S ENTERPRISES, INC.

FILED
Apr 20, 2009
Secretary of State

Current Principal Place of Business:

674 SW BAYSHORE BLVD.
PORT ST LUCIE, FL 34983

New Principal Place of Business:

Current Mailing Address:

674 SW BAYSHORE BLVD.
PORT ST LUCIE, FL 34983

New Mailing Address:

FEI Number: 20-8213228

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SILVA, ALBERTO
2739 S.E. EAGLE DR
PORT ST LUCIE, FL 34984 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P (X) Delete
Name: SILVA, FERNANDO
Address: 2739 S.E. EAGLE DR
City-St-Zip: PORT ST LUCIE, FL 34984

Title: VP () Delete
Name: SILVA, ALBERTO
Address: 2739 S.E. EAGLE DR
City-St-Zip: PORT ST LUCIE, FL 34984

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: SILVA, ALBERTO
Address: 2739 S.E. EAGLE DR
City-St-Zip: PORT ST LUCIE, FL 34984

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALBERTO SILVA

P

04/20/2009

Electronic Signature of Signing Officer or Director

Date