

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2008 8:00 am**  
**Secretary of State**

02-06-2008 90028 006 \*\*\*150.00

<b>DOCUMENT # P070006056556</b> 1. Entity Name <b>MEKA SYSTEMS, INC.</b>			
Principal Place of Business <b>2159 N.W. 79TH AVENUE SUITE A DORAL, FL 33122</b>		Mailing Address <b>2159 N.W. 79TH AVENUE SUITE A DORAL, FL 33122</b>	
2. Principal Place of Business - No P.O. Box # <b>5280 SW 153 Ct</b>		3. Mailing Address <b>5280 SW 153 Ct</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Miami, FL 33185</b>		City & State <b>Miami, FL 33185</b>	
Zip <b>33185</b>		Zip <b>33185</b>	
Country <b>Miami-Dade</b>		Country <b>Miami-Dade</b>	
4. FEI Number <b>20-8920460</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MORA, JORGE 2159 N.W. 79 TH AVENUE SUITE A DORAL, FL 33122</b>		7. Name and Address of New Registered Agent Name <b>Mora, Jorge</b> Street Address (P.O. Box Number is Not Acceptable) <b>5280 SW 153 Ct</b> City <b>Miami</b> Zip Code <b>FL 33185</b>	
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 <b>Jorge Mora , Registered Agent</b> <span style="float: right;">1/24/08</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MORA, JORGE 2159 N.W. 79TH AVENUE SUITE A DORAL, FL 33122	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Perez, Adriana A. 5280 SW 153 Ct Miami, FL 33185
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST Jorge Mora 5280 SW 153 Ct Miami, FL 33185	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Perez, Adriana A. 5280 SW 153 Ct Miami, FL 33185
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST Jorge Mora 5280 SW 153 Ct Miami, FL 33185	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Perez, Adriana A. 5280 SW 153 Ct Miami, FL 33185
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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.			
<b>SIGNATURE:</b>		<b>Jorge Mora, President (305)223-5741</b> <b>01/24/2008</b>	