2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 05, 2008 8:00 am Secretary of State

05-05-2008 90237 025 ***150.00

DOCUMENT # P07000119863



M & E FIN	NANCE GROUP INC)
8051 NW 156TH TERR 8		Mailing Address 8051 NW 156TH TERR MIAMI LAKES, FL 330°		
2. Principal Place of Business - No P.O. Box # 3.		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04302008 Chg-P CR2E034 (12/06)
City & State		City & State		4. FEI Number Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent
DARABAOUS	C TUAC		Name	
DAMMOUS, ELIAS 8051 NW 156TH TERR MIAMI LAKES, FL 33016			Street Address	(P.O. Box Number is Not Acceptable)
			City	FL Zip Code
	named entity submits this statement fi ions of registered agent.	or the purpose of changing its	registered office or registe	ered agent, or both, in the State of Florida. I am lamiliar with, and accept
SIGNATUŖĘ	Signature, typed or printed name of registered ager	at and little if applicable. (NOT	E- Registered Agent signature require	ed when reinstating) DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financi Trust Fund Contribution.				5.00 May Be ided to Fees
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	Р	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DAMMOUS, ELIAS		NAME	
STREET ADDRESS CITY-ST-ZIP	8051 NW 156TH TERR MIAMI LAKES, FL 33016		STREET ADDRESS CITY-ST-ZIP	
	VP	——————————————————————————————————————		
TITLE NAME	DAMMOUS, MARIE	☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS	8051 NW 156TH TERR		STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES, FL 33016		CITY-SI-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-SI-ZIP	
TITLE	ž	☐ Delete	TITLE	☐ Change ☐ Addition
NAME OTDEST ADDRESS			NAME:	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS City-St-Zip	
		П «		☐ Change ☐ Addition
TITLE NAME		☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	_
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BLIPS

4-30-08

Daytime Phone #