

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90033 047 \*\*\*158.75

**DOCUMENT # P92000004003**

1. Entity Name  
**MEF CONSTRUCTION, INC.**



Principal Place of Business

782 NW 42ND AVE  
#640  
MIAMI, FL 33126 US

Mailing Address

782 NW 42ND AVE  
#640  
MIAMI, FL 33126 US

94058243



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04162004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

65-0372282

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OCANA, MIGUEL  
1557 SW 141 AVENUE  
MIAMI, FL 33184

Name

Street Address (P.O. Box Number is Not Acceptable)

782 NW 42 AVE SUITE 640

City MIAMI

FL

Zip Code 33126

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

*[Signature]*

MIGUEL OCANA

4/16/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD  
NAME OCANA, MARIA E  
STREET ADDRESS 1557 S.W. 141ST AVE.  
CITY-ST-ZIP MIAMI, FL 33175 ☒ Delete

TITLE PVTSD  
NAME MIGUEL OCANA  
STREET ADDRESS 782 NW 42 AVE #640  
CITY-ST-ZIP MIAMI, FL 33126 ☒ Change ☐ Addition

TITLE VSD  
NAME OCANA, MIGUEL  
STREET ADDRESS 1557 S.W. 141ST AVE.  
CITY-ST-ZIP MIAMI, FL 33175 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]*

MIGUEL OCANA

4/16/04

305-461-0603

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #