## 2006 FOR PROFIT CORPORATION

## Apr 03, 2006 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # P92000004003 1. Entity Name MEF CONSTRUCTION, INC. Principal Place of Business Mailing Address 782 NW 42ND AVE 782 NW 42ND AVE #640 #640 MIAMI, FL 33126 MIAMI, FL 33126 03242006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0372282 Not Applicable \$8.75 Additional 刄 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent OCANA, MIGUEL DO NOT WRITE 782 NW 42 AVE., STE 640 MIAMI, FL 33126 IN THIS SPACE 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, typed or printed name of registered agent and life it applicable (NOTE: Registered Agent signature required when reinstating) FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. $\Box$ Added to Fees OFFICERS AND DIRECTORS 10. PVTS TITLE NAME OCANA, MIGUEL STREET ADDRESS 782 NW 42 AVE., STE 640 000000491170 04/13/06-80012-008 158.75 MIAMI, FL 33126 CCTY-ST-ZO DILE NAME STREET ADDRESS CITY-ST-ZIP 117LE NAME STREET ADDRESS DO NOT WRITE C177 -ST-Z1P IN THIS SPACE ((TLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS

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 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment of the composition of the receiver or trustee empowered.

SIGNATURE:

City-ST-ZIP

NTED NAME OF SIGNING OFFICER OR BIRECTOR

3/24/06

305-461-0603

FILED

Daytime Phone #