

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

02-06-2008 90021 028 \*\*\*158.75

DOCUMENT # P94000013467

1. Entity Name

MEDITERRANEAN CEMENT CORP., INC.



Principal Place of Business

177 OCEAN LANE DR  
1202  
KEY BISCAVNE FL 33149

Mailing Address

177 OCEAN LANE DR  
1202  
KEY BISCAVNE FL 33149



2. Principal Place of Business - No P.O. Box #

177 OCEAN LANE DR

3. Mailing Address

177 OCEAN LANE DR

Suite, Apt. #, etc.

702

Suite (Apt. #, etc.)

702

1st MOORE

CR2E034 (10/07)

City & State

KEY BISCAVNE - FL.

City & State

KEY BISCAVNE - FL.

4. FEI Number

65-0468292

Applied For

Not Applicable

Zip

33149

Country

USA

Zip

33149

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

XENODAKIS, MICHEL  
177 OCEAN LANE DRIVE # 1202  
KEY BISCAVNE FL 33149

7. Name and Address of New Registered Agent

Name

XENODAKIS MICHEL

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

177 OCEAN LANE DR., Apt 702

City

KEY BISCAVNE

FL

Zip Code

33149

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 due, if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2008 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PS  
NAME XENODAKIS, MICHEL ☐ Delete  
STREET ADDRESS 177 OCEAN LANE DRIVE 31202  
CITY-ST-ZIP KEY BISCAVNE FL 33149-1428

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS  
NAME XENODAKIS MICHEL ☐ Change ☐ Addition  
STREET ADDRESS 177 OCEAN LANE DRIVE #702  
CITY-ST-ZIP KEY BISCAVNE - FL 33149-1428

TITLE VM  
NAME MARIA WHITTAKER ☐ Change ☐ Addition  
STREET ADDRESS 8946 Bay Cove Court  
CITY-ST-ZIP ORLANDO - FL 32819

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 to this report, with all other like empowered.

SIGNATURE:

*[Signature]* MICHEL XENODAKIS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/28/08

(305)365-1179

Date

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