

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000013467

FILED
Jan 16, 2009
Secretary of State

Entity Name: MEDITERRANEAN CEMENT CORP., INC.

Current Principal Place of Business:

177 OCEAN LANE DR
702
KEY BISCAYNE, FL 33149

New Principal Place of Business:

Current Mailing Address:

177 OCEAN LANE DR
702
KEY BISCAYNE, FL 33149

New Mailing Address:

FEI Number: 65-0468292 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

XENODAKIS, MICHEL
177 OCEAN LANE DRIVE # 702
KEY BISCAYNE, FL 33149 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: XENODAKIS, MICHEL
Address: 177 OCEAN LANE DR DIVE 31202
City-St-Zip: KEY BISCAYNE, FL 331491428

Title: PS () Delete
Name: YENODAKIS, MICHAEL
Address: 177 OCEAN LANE DR 702
City-St-Zip: KEY BISCAYNE, FL 331491428

Title: VM () Delete
Name: WHITAKER, MARIA
Address: 8946 BAY COVE CT
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: XENODAKIS, MICHEL
Address: 177 OCEAN LANE DR DIVE 702
City-St-Zip: KEY BISCAYNE, FL 331491428

Title: PS (X) Change () Addition
Name: XENODAKIS, MICHAEL
Address: 177 OCEAN LANE DR 702
City-St-Zip: KEY BISCAYNE, FL 331491428

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHEL XENODAKIS

PRES

01/16/2009

Electronic Signature of Signing Officer or Director

_____ Date