2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

t. Entity Nam	MENT # P980000008 MES, INC.	72				006 08:00 ary of Stat	
270 SE 12TH ST		270 SE	Address E 12TH ST ANO BEACH FL 33060				
Principal Place of Business ,		3. Maili	ng Address		1 Junitimus sid 198395 285% passs pa	2)? 29 (1) 23 (1) 23 (1) 23(2) (3 (2) 7 9 (1)	11 11/100 5 }} (10 10)
Suite. Apt. #, etc.		Suite	Apt. #, etc.		1st MOORE	CR2E034 (10/05)	. == .
City & State		Cny 8	State		4. FEI Number 14-188054	19	Applied Fo
Zip	Country	Zıp		Country	5. Certificate of Status Desired	\$8.75 A Fee Requi	
	6. Name and Address of Current	Registered	Agent	Name	7. Name and Address of New	Registered Agent	-
WASSERMAN, RICHARD W ESQ. 7230 MIAMI LAKEWAY S. MIAMI LAKES FL 33014		Q.	}		s (P.O. Box Number is Not Acceptal	ple)	
		•	:				-
	1			City		FL Zip Co	ide
	named entity submits this statement fi	or the purpo	se of changing its reg	gistered office or regis	tered agent, or both, in the State of	Florida. I am familiar wit	h, and acc
. SIGNATURE							
<u>_</u>	Signature, typed or printed name of registered agen	land tife if epol	cable (NOTE R	egistered Agent signature requ	red when reinstating)	OATE	
After	ILE NOW!!! FEE IS \$150.00 May 1, 2006 Fee Will Be \$550.0 k Payable to Florida Department of				8. Election Cam Trust Fund C		5.00 May Ided to Fou
10.	OFFICERS AND		is .	11.	ADDITIONS/CHANGES TO O	FICERS AND DIRECTO	
RILE NAME STREET ADDRESS CHY-SI-ZIP	P STOLFA, TODD 380 SE THIRD STREET POMPANO BEACH FL 33060		☐ Delete	TITLE NAME STREET ADDRESS CITY-S1-2IP	U000084 82/24/06-8	— Chang 33407 10017-008 158.	_
TITLE	VP TRACEY, JAMES A 380 SE THIRD STREET POMPANO BEACH FL 33060		☐ Delete	TIFLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Chango	e □A-
TITLE NAME STREET AODRESS CITY-ST-ZIP		<i></i>	☐ Oalete	UTLE NAME STRUET ADDRESS CITY-ST-ZIP		☐ Chang	= □ #
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IJILI NAME STREET ADDRESS CITY-ST-ZIP			☐ Detete	TITLE NAME STREET ADDRESS CNY-ST-ZIP	_	Chang	e □Aú

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 supplied that it is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officet or directly of the corporation or the receiver or trulytee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED