

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 22, 2004 08:00 AM
Secretary of State

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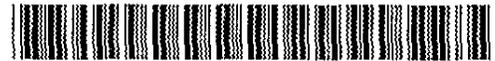
1. Entity Name
MESI, INC.



Principal Place of Business Mailing Address

8500 SW 27 TERRACE 1760 NORTHWEST 22ND STREET
 MIAMI, FL 33155 MIAMI, FL 33142

DO NOT WRITE IN THIS SPACE



02142004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 65-0915936 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DE LA FUENTE, FRANCISCO
 4925 SOUTHWEST 43RD STREET
 MIAMI, FL 33165

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARCIA, ANA MARIA 15793 SOUTHWEST 43RD STREET MIAMI, FL 33185
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MADRIGAL, PATRICIA 4327 SOUTHWEST 158TH AVENUE MIAMI, FL 33185
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000124839
 04/22/04-80060-014 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: X [Signature] 4/19/04 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date