2007 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Feb 14, 2007 08:00 AM **DOCUMENT # P99000002879 Secretary of State** 1. Entity Name MEJÉ ENTERPRISE, CORP. Mailing Address Principal Place of Business 7277 N.W. 36TH STREET 7277 N.W. 36TH STREET MIAMI, FL 33166 MIAMI, FL 33166 No Chg-P CR2E034 (11/05) 01302007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 65-0918133 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CHAVEZ, JORGE J DO NOT WRITE 7277 N.W. 36TH STREET MIAMI, FL 33166 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 title it applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE PVD CHAVEZ, JORGE NAME STREET ADDRESS 17610 SW 32 STREET CITY-ST-ZIP MIRAMAR, FL 33029 U00000635357 02/23/07-80011-008 150.00 STD TITLE CHAVEZ, ELSA NAME STREET ADDRESS 17610 SW 32 STREET CITY-ST-ZIP MIRAMAR, FL 33029 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

F SIGNING OFFICER OR DIRECTOR