2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P99000089865

1. Entity Name

FILED Mar 05, 2004 8:00 am Secretary of State 02-19-2004 90027 024 ***150.00

MECANO DEVELOPMENT CORP.											
Principal Place of Business 16300 GRIFFIN AVE. FORT LAUDERDALE FL 33331			Mailing Address 16300 GRIFFIN AVE. FORT LAUDERDALE FL 33331				ράπαπημα				
2. Principal P	lace of Busin	ve ss ·	3. Mailir	ng Address							
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Suite, Apt.	#, etc.		Suite, Apt. #, etc.				MOORE ' CR2E034 (11/03)				
City & State			City & State				4. FEI Number 65-0960803 Applied For Not Applicable				
Zip Country			Zip C _ Count			ntry	5. Certificate of Status Desired See Required				
	6. Name	and Address of Current	Registered	I Agent	<u> </u>		7. N	lame and Address of N	w Registered	Agent	
	<u>-</u>				-	Name		-			
MEJIAS, ALBEIRO 16300 GRIFFIN AVE			Stre			Street Address	tdress (P.O. Box Number is Not Acceptable)				
		RDALE FL 33331				<u></u>		<u>,</u>		•	
			-			City			F	Zip Cod	e .
		y submits this statement to	or the purpo	se of changing its	register	ed office or registe	red ag	ent, or both, in the State	of Florida. I ar	n familiar with,	and accept
the obligat	tions of regis	tered agent.				•		•			
SIGNATURE		or printed name of egistered agent				44 3			DATE		<u> </u>
100000000000000000000000000000000000000	- Carrow Michigan - 1875	STANDED TO THE PARTY OF THE PAR	WARE THE IT ADDIS	CABIR. (NO	t.; Hegistere	id Agent signature require	KI When re	enerating)	DATE		
FILE NOW!!! FEE S \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State								9. Election Campaig Trust Fund Contri	•		0 May Be to Fees
10.	<u>king sagalag medili</u>	OFFICERS AND	20 4 CH C 1 5	!S	11.		AD	L DITIONS/CHANGES TO	OFFICERS AN	ID DIRECTOR	S IN 11
TITLE	PD					E				Change	Addition
NAME	MEJIAS, A				NAM	l l					
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STREET ADDRESS	-				•	EET ADDRESS					,
CITY-SI-ZIP	<u>1</u>					/-ST-ZIP		·······			
12. I hereby indicated of the con	certify that the on this reportion or the or	e information supplied with or or supplemental report in the receiver or trustee emp achment with apparents.	h this filing of is true and a rowered to e	does not qualify for accurate and that is execute this report	nr the exe my signa as requ	emption stated in S ature shall have the ired by Chapter 60	ection same 7, Flori	119.07(3)(i), Florida Stati legal effect as if made ui ida Statutes; and that my	ites, i further c nder oath; that name appears	ertify that the i I am an officer s in Block 10 o	nformation or director r Block 11 if
SIGNAT		Y THINK	all othe	er like empowered	ı.			02-24-04	. Q'Z'	4-434-1	190Pd
CIGITAI	OIIL.	SIGNATURE AND TYPED OR	PRINTED NAME	E OF SIGNING OFFICER	OR DIREC	TOR		Date		Caytime Phone #	