

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000003979

Entity Name: MEBO RESEARCH, INC.**Current Principal Place of Business:**13220 SW 35 TERRACE
MIAMI, FL 33175**Current Mailing Address:**13220 SW 35 TERRACE
MIAMI, FL 33175**FEI Number:** 90-0590302**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DE LA TORRE, MARIA
13220 SW 35 TERRACE
MIAMI, FL 33175 US*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**Officer/Director Detail :**

Title	EXECUTIVE DIRECTOR
Name	DE LA TORRE, MARIA
Address	13220 SW 35 TERRACE
City-State-Zip:	MIAMI FL 33175-6931

Title	SCIENTIFIC DIRECTOR
Name	GABASHVILI, IRENE
Address	509C PORPOISE BAY
City-State-Zip:	SUNNYVALE CA 94089

Title	PUBLIC RELATIONS DIRECTOR
Name	GONZALEZ, GLENNA
Address	13061 LAUREL TREE
City-State-Zip:	HERNDON VA 20171

Title	MANAGING DIRECTOR
Name	ARENIBAR, MICHAEL
Address	14515 S. BIRCHDALE DRIVE
City-State-Zip:	HOMER GLEN IL 60491

Title	COMMUNITY OUTREACH DIRECTOR
Name	FIELDS, CHERYL
Address	2535 S.E. ADAMS STREET
City-State-Zip:	TOPEKA KS 66605-1232

Title	USER EXPERIENCE AND TECHNOLOGY DIRECTOR
Name	TILLOTSON, JASON
Address	13220 SW 35 TERRACE
City-State-Zip:	MIAMI FL 33175

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARIA DE LA TORRE**EXECUTIVE DIRECTOR****05/06/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date