

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000002088

Entity Name: MERIDA MERIDIAN, INC.

FILED
Jul 06, 2007
Secretary of State

Current Principal Place of Business:

643 SUMMER ST
BOSTON, MA 02210

New Principal Place of Business:

Current Mailing Address:

643 SUMMER ST
BOSTON, MA 02210

New Mailing Address:

FEI Number: 16-1105538

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: SAMEL, HIRAM M
Address: 5700 COMMONS PARK, TOWPATH COMMONS ROAD
City-St-Zip: EAST SYRACUSE, NY 13057

Title: C () Delete
Name: SEGAL, ROBERT
Address: 643 SUMMER STREET
City-St-Zip: BOSTON, MA 02210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT SEGAL

CFO

07/06/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date