


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # G30669**  
 1. Entity Name  
**MERISCO, INC.**



Principal Place of Business      Mailing Address  
 1287 E NEWPORT CENTER DR      7039 MANDARIN DR  
 SUITE 209      BOCA RATON, FL 33433  
 DEERFIELD BEACH, FL 33442

**DO NOT WRITE IN THIS SPACE**



04192005      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
 59-2281469      Not Applicable

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

6. Name and Address of Current Registered Agent  
 MERYL DEUTSCH  
 7039 MANDARIN DR  
 BOCA RATON, FL 33433

**DO NOT WRITE 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 \_\_\_\_\_ 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, 2005 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	PD DEUTSCH, MERYL 7039 MANDARIN DR BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DEUTSCH, EDWARD 7039 MANDARIN DRIVE BOCA RATON, FL
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 04/21/05-80098-014 158.75

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** [Signature]      4/19/05      954 818-0850  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #