


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 24, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # G54626**  
 1. Entity Name  
**MERIN REALTY, INC.**



Principal Place of Business      Mailing Address  
 1601 FORUM PL                      12765 FOREST HILL BLVD  
 SUITE 200                              STE 1302  
 W PALM BCH, FL 33401              WEST PALM BEACH, FL 33414

**DO NOT WRITE IN THIS SPACE**



03072005      No Chg-P      CR2E034 (10/03)

4. FEI Number                      Applied For  
**59-2314600**                      Not Applicable

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

6. Name and Address of Current Registered Agent  
 MARIO C. DE MENDOZA, III, P.A.  
 12765 FOREST HILL BLVD  
 STE 1302  
 WEST PALM BEACH, FL 33414

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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	PST
NAME	MERIN, NEIL E.
STREET ADDRESS	1601 FORUM PL S200
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	D
NAME	MERIN, NEIL E
STREET ADDRESS	1601 FORUM PLACE STE 200
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000275288  
 03/24/05-80045-018 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  , Neil E. Merin, President            561-771-8000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #