


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90081 037 ***150.00

DOCUMENT # G54626

1. Entity Name
MERIN REALTY, INC.



Principal Place of Business Mailing Address

**1601 FORUM PL
 SUITE 200
 W PALM BCH, FL 33401** **12765 FOREST HILL BLVD
 STE 1302
 WEST PALM BEACH, FL 33414**

40046638



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

02052007 Chg-P CR2E034 (12/06)

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 G. DE MENDOZA, III, P.A.
 12765 FOREST HILL BLVD
 STE 1302
 WEST PALM BEACH, FL 33414~~

7. Name and Address of New Registered Agent

Name **Mario G. de Mendoza, III, P.A.**

Street Address (P.O. Box Number is Not Acceptable)
**12765 Forest Hill Blvd.
 Suite 1302**

City **Wellington** **FL** Zip Code **33414**

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, **Mario G. de Mendoza, III, P.A.**

SIGNATURE:  **Mario G. de Mendoza, III, President** DATE: **3/5/07**

Signature typed in limited name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 <input checked="" type="checkbox"/> Delete
NAME	MERIN, NEIL E.
STREET ADDRESS	1601 FORUM PL S200
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	P <input checked="" type="checkbox"/> Delete
NAME	MERIN, NEIL E.
STREET ADDRESS	1601 FORUM PLACE STE 200
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Merin, Neil E.
STREET ADDRESS	1601 Forum Place, Suite 200
CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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, Pres.** DATE: **03-26-07** Daytime Phone #: **5614718000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR