


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000099358  
1. Entity Name  
THE MERRY MAILMAN, INC.



Principal Place of Business      Mailing Address  
3907 NORTH FEDERAL HWY      3907 NORTH FEDERAL HWY  
POMPANO BEACH, FL 33064      POMPANO BEACH, FL 33064

**DO NOT WRITE IN THIS SPACE**



01122007    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
65-1050658      Not Applicable

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

6. Name and Address of Current Registered Agent  
  
FELINI, CARLA  
3963 NW 4 CT  
DEERFIELD BEACH, FL 33442

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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE

**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

000000611743  
02/02/07-80075-011 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	MO
NAME	FELINI, CARLA
STREET ADDRESS	3963 NW 4 CT
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	O
NAME	NASCIMENTO, RODRIGO
STREET ADDRESS	3963 NW 4 CT
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: Carla Felini      1/18/7    954-786 1146  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #