## **2008 FOR PROFIT CORPORATION** ANNUAL REPORT

an address, with all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## Feb 08, 2008 08:00 AN 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 01282008 No Chg-P CR2E034 (11/05) E IN THIS SPACE Applied For 4. FEI Number 65-1050658 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE FELINI, CARLA 3963 NW 4 CT IN THIS SPACE DEERFIELD BEACH, FL 33442 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. <u> 02/19/08-80007-019 150.00</u> SIGNATURE (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. МО TITLE FELINI, CARLA NAME STREET ADDRESS 3963 NW 4 CT DEERFIELD BEACH, FL 33442 CITY-ST-ZIP TITLE NASCIMENTO, RODRIGO NAME 3963 NW 4 CT STREET ADDRESS DEERFIELD BEACH, FL 33442 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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

**FILED** 

Daytime Phone #