

**FILED**  
**Jul 10, 2002 8:00 am**  
**Secretary of State**

07-10-2002 90183 036 \*\*\*150.00

**FOR PROFIT CORPORATION -  
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **PO1000007287**  
 1. Entity Name  
**MERLIN LIMOUSINE & TRANSPORTATION  
 GROUP, CORP.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**3352 NW SOUTH RIVER DRIVE**  
 City & State: **MIAMI FL**  
 Zip: **33142**

3. Mailing Address  
**3352 NW SOUTH RIVER DRIVE**  
 City & State: **MIAMI FL**  
 Zip: **33142**

**80128114**

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1068734**

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent  
 Name: **ALEJANDRO DIAZ**  
 Street Address (P.O. Box Number is Not Applicable): **13954 SW 36 STREET**  
 City: **MIAMI FL** Zip: **33175**

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.  
 SIGNATURE: *Alejandro Diaz*  
 Corporation, based on present office of registered agent and office of principal place of business. (NAME, Registered Agent Signature, Department of State, Date)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

10. Florida Campaign Finance Contribution  **\$5.00** May Be Paid in Advance

**OFFICERS AND DIRECTORS:**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<b>PRESIDENT</b>	<b>JOHANNA MILENA DIAZ</b>	<b>13954 SW 36 STREET</b>	<b>MIAMI FL 33175</b>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

**DO NOT WRITE IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 115.07(4)(b), Florida Statutes, 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 the report as required by Chapter 115, Florida Statutes, and that my name appears on the attachment with an address, with all other like information.

SIGNATURE: *Harold G. Galloway*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



Attachment  
BO128114

FLORIDA DEPARTMENT OF STATE

**Katherine Harris**

Secretary of State

May 29, 2002

MERLIN LIMOUSINE & TRANSPORTATION GROUP, CORP.  
3352 NW SOUTH RIVER DR.  
MIAMI, FL 33142

Subject: **MERLIN LIMOUSINE & TRANSPORTATION GROUP, CORP.**

Reference Number: **P01000007287**

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The check submitted is not payable to this office. Please make your check payable to the Department of State.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/SM

ANNUAL REPORTS SECTION

Attachment #PO1000007287  
B0128114

© HARLAND STYLE X40

FOR *Rennard Corporation*

PAY TO THE ORDER OF *ONE HUNDRED*

*Berniz & Giraldo P.N.*

DATE *04/29/04*

\$ *150.00*

DOLLARS

*Howdy Howdy*

CUSTOM BUSINESS BANKING

**FIRST** First Union National Bank  
firstunion.com  
Orig. 003 R/T 067006432

**MERLIN LIMOUSINE & TRANSPORTATION GROUP**  
2801 NW 42ND AVE - 786-265-7737  
MIAMI, FL 33142

63-643/670  
BRANCH 13083

1613

⑈001613⑈ ⑈062006432⑈ ⑈000004919515⑈