


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000091435
 1. Entity Name
MERL ENTERPRISES CORP.



Principal Place of Business 9601 COLLINS AVE PH 304 BAL HARBOUR, FL 33154 US	Mailing Address 3111 UNIVERSITY DR SUITE 601 CORAL SPRINGS, FL 33065 US
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01072004 - No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0872998	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**GARELLEK, STEVEN
 700 S FEDERAL HWY
 SUITE 200
 BOCA RATON, FL 33432**

DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEIN, SHELDON 9601 COLLINS AVENUE, PH 304 BAL HARBOUR, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST STEIN, MIRIAM 9601 COLLINS AVENUE, PH 304 BAL HARBOUR, FL 33154
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 01/20/04-90004-015 150.00

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: *S Stein*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR