

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2004 08:00 AM
Secretary of State

DOCUMENT # J46317		
1. Entity Name MERRIMAC, INC.		
Principal Place of Business 551 NORTH ATLANTIC BLVD. FT. LAUDERDALE, FL 33304		
Mailing Address 551 NORTH ATLANTIC BLVD. FT. LAUDERDALE, FL 33304		
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent DALAL, ASHOK 1266 N.W. 119TH ST NORTH MIAMI, FL 33167		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: _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		000000019570 01/29/04-80030-020 300.00
TITLE	PD	DO NOT WRITE IN THIS SPACE
NAME	MOTWANI, RAMOLA	
STREET ADDRESS	551 N ATLANTIC BLVD.	
CITY-ST-ZIP	FT. LAUDERDALE, FL	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DO NOT WRITE IN THIS SPACE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		RAMOLA MOTWANI 01-04-04 954 564-2345
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>