

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J46317

**Entity Name:** MERRIMAC, INC.

**Current Principal Place of Business:**

4650 SW 51ST ST.,  
SUITE #709  
DAVIE, FL 33314

**Current Mailing Address:**

4650 SW 51ST ST.,  
SUITE #709  
DAVIE, FL 33314 US

**FEI Number:** 65-0000153

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MOTWANI, DEV  
401 E LAS OLAS BLVD  
SUITE 130-324  
FT. LAUDERDALE, FL 33301 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name MOTWANI, RAMOLA  
Address 401 E LAS OLAS BLVD #130-324  
City-State-Zip: FT. LAUDERDALE FL 33301

Title O  
Name MOTWANI, NITIN  
Address 401 EAST LAS OLAS BLVD., #130-324  
City-State-Zip: FT. LAUDERDALE FL 33301

Title O  
Name MOTWANI, DEV  
Address 401 EAST LAS OLAS BLVD., #130-324  
City-State-Zip: FT. LAUDERDALE FL 33301

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** RAMOLA MOTWANI

PD

04/26/2016

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date