

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 31, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 371469**

**1. Entity Name**  
**MERTEL CORP.**



**Principal Place of Business**  
**122 N 15TH AVE**  
**HOLLYWOOD, FL 33020**

**Mailing Address**  
**122 N 15TH AVE**  
**HOLLYWOOD, FL 33020**



**03182004 No Chg-P CR2E034 (10/03)**

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**59-1307404**

**Applied For**  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**BERNAZZOLI, JOHN M.**  
**2734 POLK STREET, STE. H**  
**HOLLYWOOD, FL 33020**

**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**

Signature (handwritten) and printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

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

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**UP00000099674**  
**03/31/04-80015-006 150.00**

**10. OFFICERS AND DIRECTORS**

**TITLE**  
**D**  
**NAME**  
**SARA, REGINALD V**  
**STREET ADDRESS**  
**122 N 15TH AVE**  
**CITY ST ZIP**  
**HOLLYWOOD, FL**

**TITLE**  
**PD**  
**NAME**  
**SARA, ENID E**  
**STREET ADDRESS**  
**122 N 15TH AVE**  
**CITY ST ZIP**  
**HOLLYWOOD, FL**

**TITLE**  
**VP**  
**NAME**  
**SARA, REGINALD III**  
**STREET ADDRESS**  
**2116 N 37 AVE**  
**CITY ST ZIP**  
**HOLLYWOOD, FL 33021**

**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**

**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:** *Enid E. Sara*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-20-04 954923-9554**

DATE

Daytime Phone #