


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 843720</b>	
1. Entity Name MERIDA INVESTMENTS, N.V. (INC.)	
	
Principal Place of Business 6500 N.W. 72 AVE MIAMI, FL 33166 US	Mailing Address 6500 N.W. 72 AVE MIAMI, FL 33166 US

**DO NOT WRITE IN THIS SPACE**

04112005 No Chg-P CR2E034 (10/03)

4. FEI Number 98-0038767	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

LAGE, GONZALO M  
6500 N.W. 72 AVE  
MIAMI, FL 33166

**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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

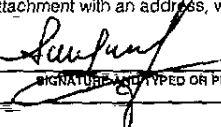
TITLE	PD
NAME	CHALBAUD, LUIS R
STREET ADDRESS	6500 N.W. 72 AVE
CITY- ST- ZIP	MIAMI, FL 33166
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY- ST- ZIP	

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04/26/05-80057-019 158.75

**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:**



LUIS R. CHALBAUD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/05

Date

(305) 436-9787 Ext. 1

Daytime Phone #