


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2005 08:00 AM
Secretary of State

DOCUMENT # F46232 1. Entity Name MERO INVESTMENTS, INC.					
Principal Place of Business 35755 PIERCE ST. RICHMOND MI 48062 US		Mailing Address P.O. BOX 464 RICHMOND MI 48062 US			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt #, etc.			
City & State		City & State		4. FEI Number 59-2144025	
Zip Country		Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JORDAN, E. E. 650 S.E. 3RD AVENUE POMPANO BEACH, FL FT LAUDERDALE FL 33301				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME ROMERO, MANUEL A		<input type="checkbox"/> Delete		
STREET ADDRESS 35755 PIERCE ST.	CITY-ST-ZIP RICHMOND MI 48062		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE ROMERO, MANUEL A	STREET ADDRESS 35755 PIERCE ST.		CITY-ST-ZIP RICHMOND MI 48062		
TITLE ROMERO, MANUEL A	STREET ADDRESS 35755 PIERCE ST.		CITY-ST-ZIP RICHMOND MI 48062		
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TITLE ROMERO, MANUEL A	STREET ADDRESS 35755 PIERCE ST.		CITY-ST-ZIP RICHMOND MI 48062		
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: _____			Date 4/18/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone # 986) 727-0026		