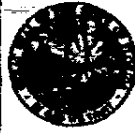


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 22, 2005 08:00 AM
Secretary of State

DOCUMENT # F82739 1. Entity Name MERIC-CAPELLE, INC.	
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Principal Place of Business 619 ALTARA AVENUE CORAL GABLES, FL 33146 US	Mailing Address 619 ALTARA AVENUE CORAL GABLES, FL 33146 US
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DO NOT WRITE IN THIS SPACE



06102005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2238470	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**PEARMAN, CHARLES D
619 ALTARA AVENUE
CORAL GABLES, FL 33146**

**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 the filer, if applicable. (NOTE: Registered Agent Signature required when terminating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD PEARMAN, CHARLES D 619 ALTARA AVENUE CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY- ST- ZIP	STD PEARMAN, CARMEN M 619 ALTARA AVENUE CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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06/22/05-80001-029 150.00

**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)(c), 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: Charles D. Pearman **CHARLES D. PEARMAN** 6/18/05 (305) 665-2040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day and Phone #