2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2008 8:00 am
Secretary of State
08-01-2008 90039 003 ***550.00

DOCUMENT # H43586

1. Entity Name
KEITH J. MERRILL, P.A.

Principal Place of Business	Mailing Address
1320 S DIXIE HWY 731 CORAL GABLES, FL 33146 US	1320 S DIXIE HWY 731 CORAL GABLES, FL 33146 US

07282008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box # 7901 SW 67 AVE	3. Mailing Address 7901 SW 67 AVE
Suite, Apt. #, etc. #206	Suite, Apt. #, etc. #206
City & State Miami, Fl	City & State Miami, Fl,
Zip 33143 Country Miami Dade	Zip 33143 Country Miami Dade

4. FEI Number 59-2542417 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MERRILL, KEITH J.
1320 S DIXIE HWY #731
CORAL GABLES, FL 33146

7. Name and Address of New Registered Agent

Name Keith J Merrill
Street Address (P.O. Box Number is Not Acceptable) 7901 SW 67 AVE
~~Miami, Fl~~ #206
City Miami Fl FL Zip Code 33143

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] 7/28/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MERRILL, KEITH J. ~~1320 S DIXIE HWY #731~~ ~~CORAL GABLES, FL 33146~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P.D. Keith J Merrill 7901 SW 67 AVE #206 Miami, Fl. 33143 ☐ Change ☒ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: [signature] 7/28/08 305-663-0506
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #