

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90410 043 ***150.00

DOCUMENT # K68632

1. Entity Name
MERIDIAN APTS., INC.



Principal Place of Business Mailing Address
2029 E. COMMERCIAL BLVD. 3000 N. Univ. VECCHIO, JOSEPH, ESQUIRE
PENTHOUSE A Suite 1 Dr. 2029 E COMMERCIAL BLVD.
FT. LAUDERDALE, FL 33308 FT. LAUDERDALE, FL 33308 US
Coral Springs, FL 33065



04102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 11-2956121 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

VECCHIO, JOSEPH A., JR.
2029 E COMMERCIAL BLVD 3000 N. University DR.
PENTHOUSE A Suite 1
FT. LAUDERDALE, FL 33308 Coral Springs, FL 33065

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	SCAROLA, LEONARD
STREET ADDRESS	3000 N. Univ. Dr.
CITY-ST-ZIP	2029 E COMMERCIAL BLVD., PHA Suite 1 FT. LAUDERDALE, FL 333084312 Coral Springs, FL 33065
TITLE	SD
NAME	DELLINO, VITO
STREET ADDRESS	2029 E COMMERCIAL BLVD., PHA
CITY-ST-ZIP	FT. LAUDERDALE, FL 333084312
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 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: *Leonard Scarola*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-07 954-991-8364
Date Daytime Phone #