

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M40204

Entity Name: MIAMI MEROPE CORP.

FILED
Jan 17, 2004
Secretary of State

Current Principal Place of Business:

C/O MANUELLA ADRIAN
300 BAYVIEW DR, #1408
NORTH MIAMI BCH, FL 33160

New Principal Place of Business:

Current Mailing Address:

C/O MANUELLA ADRIAN
300 BAYVIEW DR, #1408
NORTH MIAMI BCH, FL 33160

New Mailing Address:

FEI Number: 59-2753523

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADRIAN, MANUELLA
300 BAYVIEW DR,
#1408
NORTH MIAMI BCH, FL 33160 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: ADRIAN, BASSEVA,
Address: 300 BAYVIEW DR #1408
City-St-Zip: NORTH MIAMI BCH, FL

Title: PD () Delete
Name: ADRIAN, MANUELLA
Address: 300 BAYVIEW DR., #1408
City-St-Zip: NORTH MIAMI BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MANUELLA ADRIAN

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01/17/2004

Electronic Signature of Signing Officer or Director

_____ Date