

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M40204

Entity Name: MIAMI MEROPE CORP.

FILED  
Feb 13, 2009  
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 (X)

**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 33160

Title: PD ( ) Delete  
Name: ADRIAN, MANUELLA  
Address: 300 BAYVIEW DR., #1408  
City-St-Zip: NORTH MIAMI BEACH, FL 33160

**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 exemption stated 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 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

PD

02/13/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date