

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90383 014 ***150.00

DOCUMENT # P00000035131

1. Entity Name
MERILLE, INC.



Principal Place of Business
**12731 SW 42 STREET
MIAMI, FL 33175**

Mailing Address
**12731 SW 42 STREET
MIAMI, FL 33175**

40051513

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04042006

Chg-P

CR2E034 (11/05)

4. FEI Number
65-0996613

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MERILLE, JOSE
12731 SW 42 STREET
MIAMI, FL 33175**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	NAME	MERILLE, JOSE	<input type="checkbox"/> Delete
STREET ADDRESS			12701 SW 147 STREET	
CITY-ST-ZIP			MIAMI, FL 33186	
TITLE	P	NAME	MERILLE, LIZETT	<input type="checkbox"/> Delete
STREET ADDRESS			12701 SW 147 STREET	
CITY-ST-ZIP			MIAMI, FL 33186	
TITLE	V	NAME	PEREZ, TERESA	<input type="checkbox"/> Delete
STREET ADDRESS			3100 W 76 ST	
CITY-ST-ZIP			HIALEAH, FL 33018	
TITLE	V	NAME	BABACARIS, CARMEN	<input type="checkbox"/> Delete
STREET ADDRESS			12731 SW 42 ST	
CITY-ST-ZIP			MIAMI, FL 33134	
TITLE	V	NAME	DELAVEGA, JYDIA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS			9808 S DIXIE HWY	
CITY-ST-ZIP			MIAMI, FL 33156	
TITLE	CEO	NAME	MERILLE, JOSE	<input type="checkbox"/> Delete
STREET ADDRESS			12701 SW 147 ST	
CITY-ST-ZIP			MIAMI, FL 33186	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Vice president	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YUANUS ARMAS	
STREET ADDRESS	181 NW 97 Ave #404	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/15/06

Date

Daytime Phone #