


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90023 008 ***150.00

DOCUMENT # P00000040169

1. Entity Name
MERIDIAN/ADV CORP.



Principal Place of Business Mailing Address

3440 HOLLYWOOD BLVD. 3440 HOLLYWOOD BLVD.
 #360 #360
 HOLLYWOOD, FL 33021 HOLLYWOOD, FL 33021

54025381



2. Principal Place of Business 3. Mailing Address

18851 NE 29th A **18851 NE 29th AV**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
900 **900**

01272004 Chg-P CR2E034 (10/03)

City & State City & State

AVENTURA FL **AVENTURA FL**

4. FEI Number Applied For

65-1096264 Not Applicable

Zip Country Zip Country

33180 **USA** **33180** **USA**

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

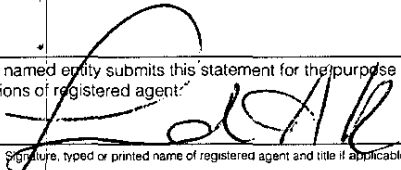
6. Name and Address of Current Registered Agent

ROTH, LEONARDO A ESQ.
 3440 HOLLYWOOD BLVD
 SUITE 360
 HOLLYWOOD, FL 33021

7. Name and Address of New Registered Agent

Name: **LEONARDO A. ROTH, ESQ**
 Street Address (P.O. Box Number is Not Acceptable)
18851 NE 29th AV, STE 900
 City: **AVENTURA** FL Zip Code: **33180**

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:  **LEONARDO A. ROTH, ESQ** **3/29/04**
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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		
TITLE	DPT	<input type="checkbox"/> Delete
NAME	DEL LLANO, HERNAN PABLO	
STREET ADDRESS	MELIAN 2321, PISO 14, DPT. 1 CIUDAD,	
CITY-ST-ZIP	DE BUENOS AIRES ARGENTINA,	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	ANDERSEN, DIEGO	
STREET ADDRESS	VIRREY AVILES 2833 PISO 5 TO A CIUDAD,	
CITY-ST-ZIP	DE BUENOS AIRES ARGENTINA,	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
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		
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 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 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:  **HERNAN DEL PRADO, D** **3/29/04** **786 279 0000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #