


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000077594
 1. Entity Name
 MERRITT SQUARE OFFICE ADVISORS, INC.



Principal Place of Business Mailing Address
 ATTN: STANLEY D. GOTTSEGEN ATTN: STANLEY D. GOTTSEGEN
 2255 GLADES RD., SUITE 411-E 2255 GLADES RD., SUITE 411-E
 BOCA RATON, FL 33431 BOCA RATON, FL 33431



DO NOT WRITE IN THIS SPACE

02172004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1033900	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 GOTTSEGEN, STANLEY D
 2255 GLADES ROAD
 SUITE 411-E
 BOCA RATON, FL 33431

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY - ST - ZIP	PD GOTTSEGEN, STANLEY D 2255 GLADES ROAD SUITE 411-E BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD EHRENSTEIN, GABRIEL 6430 VIA TIERRA BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 04/08/04-80043-006 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  3/23/04 (561) 994-2212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

STANLEY D. GOTTSEGEN