2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 03, 2008 8:00 am Secretary of State

ANNUAL REPORT					Secretary of State				
DOCUMENT # P00000077594 1. Entity Name MERRITT, SQUARE OFFICE ADVISORS, INC.						04-03-2008	-		
Principal Plac	ce of Business	Mailing Address							
2255 GLADES RD: SUITE 411-E 2		ATTN: STANLEY D. GOFFSEGEN 2255 GLADES RD., SUITE 411-E BOCA-RATON, FL 33431		1 1 1 1 1 1 1 1 1 1	I SCHI FRIH SCHI FRIII ANI	II 88)11 1888 1887		(1884 11 USB)	
6340 via Tierra 2		3. Mailing Address 21218 St. Andreus Blud.							
Suite, Apt. #, etc.		PMB 312			02052008	Chg-P	CR2E03	4 (12/06)	
Boca Raton, h		Bora Raton			4. FEI Number Applied F 65-1033900 Not Applie			pplied For ot Applicable	
Zip 33	Country USA	^{Zip} 3343 <i>3</i>	Country	}	5. Certificate	of Status Desired		8.75 Add ee Require	
	6. Name and Address of Current F	Registered Agent			7. Name and	Address of New R	legistered Ag	gent	
GOTTSEGEN, STANLEY D 2255 GLADES ROAD SUITE 411-E BOCA BATON, FL 33431				Name Grainel Ehrengtein Street Address (P.O. Box Number, is Not Acceptable) 6340 VTA Tierra					
			C	City Boca Raton			FL	Zip Code	e ? 2
8. The above the obliga SIGNATURE.	e named entity submits this statement for lions of registered agent. Signature, imped or printed name of registered agent a	Gabr.	rel E	hrens trit signature required	ein		Orida. I am fa		and accept
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0	Trust Fund Contri			.00 May Be ed to Fees				-
10.	OFFICERS AND D	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND D	DIRECTORS	3 IN 11
NAME STREET ADDRESS CITY-S1-ZIP	PD GOTTSEGEN, STANLEY D 2255 GLADES ROAD SUITE 411- BOCA RATON, FL 33431	X Delete E	TITLE NAME STREET ADI CITY-S1-Z				[☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-S1-ZIP	VSD EHRENSTEIN, GABRIEL 6430 VIA TIERRA BOCA RATON, FL 33433	□ Delete	TITLE NAME STREET ADDRESS CITY- SI- ZIP				[Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete					[Change	Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADD	Durce			[Change	☐ Addition

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.

CITY-S1-ZIP

STREET ADDRESS

STREET AUDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gabriel Ehrenstein

3125/08

581-488-4457

Date

Daytime Phone #

Change

☐ Change

☐ Addition

■ Addition