


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P00000079036
 1. Entity Name
 MERRITT SQUARE OFFICE MANAGERS, INC.



Principal Place of Business: 2255 GLADES ROAD, SUITE 411-E, BOCA RATON, FL 33431
 Mailing Address: 2255 GLADES ROAD, SUITE 411-E, BOCA RATON, FL 33431

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02172004 No Chg-P CR2E034 (10/03)
 4. FEI Number: 65-1034806 Applied For: Not Applicable
 5. Certificate of Status Desired \$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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GOTTSEGEN, STANLEY D
STREET ADDRESS	2255 GLADES ROAD SUITE 411-E
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	VPSD
NAME	EHRENSTEIN, GABRIEL
STREET ADDRESS	6340 VIA TIERRA
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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(9)(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: Stanley D. Gottsegen 3/23/04 (561) 904-7221
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
STANLEY D. GOTTSEGEN