


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 13, 2007 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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DO NOT WRITE IN THIS SPACE



05092007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1034806	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 _____
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
Due by September 14, 2007

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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	VPSD EHRENSTEIN, GABRIEL 6340 VIA TIERRA BOCA RATON, FL 33433
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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 6/6/07 Daytime Phone #: 561-994-2212