
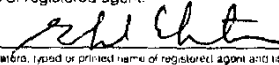



FILED
Apr 03, 2008 8:00 am
Secretary of State

04-03-2008 90022 012 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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			
2. Principal Place of Business - No P.O. Box # 6340 Via Tierra Suite, Apt. #, etc.		3. Mailing Address 21218 St. Andrews Blvd. Suite, Apt. #, etc. PMB 312		02052008 Chg-P CR2E034 (12/06)	
City & State Boca Raton, FL		City & State Boca Raton, FL		4. FEI Number 65-1034806	
Zip 33433		Zip 33433		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country USA		Country USA		Applied For Not Applicable	
6. Name and Address of Current Registered Agent GOTTSEGEN, STANLEY D 2255 GLADES ROAD SUITE 411-E BOCA RATON, FL 33431				7. Name and Address of New Registered Agent Name Gabriel Ehrenstein Street Address (P.O. Box Number is Not Acceptable) 6340 VIA TIERRA City Boca Raton, FL Zip Code 33433	
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:  Gabriel Ehrenstein DATE: 3/25/08 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when "persistent")</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOTTSEGEN, STANLEY D		NAME		
STREET ADDRESS	2255 GLADES ROAD SUITE 411-E		STREET ADDRESS		
CITY- ST- ZIP	BOCA RATON, FL 33431		CITY- ST- ZIP		
TITLE	VPSD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EHRENSTEIN, GABRIEL		NAME		
STREET ADDRESS	6340 VIA TIERRA		STREET ADDRESS		
CITY- ST- ZIP	BOCA RATON, FL 33433		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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:  Gabriel Ehrenstein		DATE: 3/25/08		TELEPHONE: 561-488-4457	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Telephone #</small>	

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