

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90032 049 \*\*\*158.75

**DOCUMENT # P00000095108**

1. Entity Name

**MERKATUM CORPORATION**



Principal Place of Business

**1200 ANASTASIA AVENUE  
STE 390  
CORAL GABLES FL 33134**

Mailing Address

**1200 ANASTASIA AVENUE  
STE 390  
CORAL GABLES FL 33134**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-1047161**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**



MOORE

CR2E034 (11/03)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LUQUE, JOSE  
1200 ANASTASIA AVE  
STE 390  
CORAL GABLES FL 33134**

Name

**JOSE LUQUE**

Street Address (P.O. Box Number is Not Acceptable)

**4430 ANDERSON ROAD.**

City

**CORAL GABLES**

**FL**

Zip Code

**33146**

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]*

**JOSE LUQUE / CEO**

**3/1/04**

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**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**CEO  
LUQUE, JOSE  
1200 ANASTASIA AVE #390  
CORAL GABLES FL 33134**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**CEO / PRESIDENT  
LUQUE, JOSE  
4430 ANDERSON ROAD  
CORAL GABLES, FLORIDA**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]*

**JOSE LUQUE / CEO**

**3/1/04**

**305 588 9698**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #