2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 04, 2005 8:00 am Secretary of State

T		- Secretary of State	
DOCUMENT # P00000095108		04-04-2005 90051 031 ***150.00	
1. Entity Name MERKATUM CORPORATION			
MERRATUM CORPORATION		/	
Principal Place of Business Mailing Address			
1200 ANASTASIA AVENUE 1200 ANASTASIA AVENUE STE 390 STE 390			
STE 390 STE 390 CORAL GABLES, FL 33134 CORAL GABLES, FL 3313	4		
O Principal Place of Projects			
2. Principal Place of Business 701 SW 27+h: Avenue 3. Mailing Address 701 SW 27-	th Avenue	E INBULIAN EN BRAF BOUN BOAR BOAR BOUN BOAR BOAR BOAR SING HON BUILE FOLIEN EN LIEU	
Suite, Apt. #, etc. Suite, Apt. #, etc.		- 03312005 Chg-P CR2E034 (10/03)	
12.02		4. FEI Number Applied For	
Miami, FL Miami, FL		65-1047161 Not Applica	
Zip Country Zip	Country	5. Certificate of Status Desired \$8.75 Additional	
33 35 U.S.H. 33 35	U.S.A.	7. Name and Address of New Registered Agent	
b. Hallo allo Address of Garcia Hegistered Agent	Name	7. Hallic and Address of New Augistored Agent	
LUQUE, JOSE	Street Address	(P.O. Box Number is Not Acceptable)	
4430 ANDERSON RD. MIAMI, FL 33146		, , , , , , , , , , , , , , , , , , ,	
			<u></u> .
1	City	FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its rec	gistered office or registe	ered agent, or both, in the State of Florida. I am familiar with, and acce	ept
the obligations of registered agent.		•	
SIGNATURE		•	
	edistered Agent signature require	red when reinstating) DATE	
Signature, typed or printed name of registered agent and title if applicable (NOTE: Re	egistered Agent signature require	red when reinstating) DATE	
FILE NOW!!! FEE IS \$150.00 9. Election Campaign	Financing _ \$	5.00 May Be	
9. Election Campaign	Financing _ \$		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Trust Fund Contribut 10. OFFICERS AND DIRECTORS	Financing \$1 ution. Ad	5.00 May Be ided to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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12. I hereby certify that the information supplied with this filling 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 1,1 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

4/1/05

305-642-4994

Daytime Phone #