

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000041688

Entity Name: MERLUS, INC.

FILED  
Apr 15, 2009  
Secretary of State

## Current Principal Place of Business:

3601 W COMMERCIAL BLVD STE 28  
FORT LAUDERDALE, FL 33309

## New Principal Place of Business:

3601 W COMMERCIAL BLVD  
STE 28  
FORT LAUDERDALE, FL 33309

## Current Mailing Address:

3601 W COMMERCIAL BLVD STE 28  
FORT LAUDERDALE, FL 33309

## New Mailing Address:

3601 W COMMERCIAL BLVD  
STE 28  
FORT LAUDERDALE, FL 33309

FEI Number: 65-1108616

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

NICOTRA, CAROLYN  
3601 W COMMERCIAL BLVD STE 28  
FORT LAUDERDALE, FL 33309 US

## Name and Address of New Registered Agent:

NICOTRA, CAROLYN  
3601 W COMMERCIAL BLVD  
STE 28  
FORT LAUDERDALE, FL 33309 US

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.

SIGNATURE: CAROLYN NICOTRA

04/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: CALICHON, FRANK  
Address: 3601 W COMMERCIAL BLVD STE 28  
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: STD ( ) Delete  
Name: BLANCHET, YVES PHILIPPE  
Address: 3601 W COMMERCIAL BLVD STE 28  
City-St-Zip: FORT LAUDERDALE, FL 33309

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK CALICHON

PRES

04/15/2009

Electronic Signature of Signing Officer or Director

Date