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## FILED Feb 12, 2004 08:00 AM Secretary of State

DOCUMENT # P01000083582  1. Emily Mario MERCO DEVELOPMENT CORPORATION    Mailing Address   Mailing Add		ANNUAI	_ REPORT					riotam	, Af C	tota
1580 SAWGRASS CORP., PKMY   16420 SAPPHIRE STREET   WESTON, PL 33331	1. Entity Name	•			Sec	ieiar	y UI S	otale		
2. Principal Packs of Business   3. Mailing Address   3. Mailing Addre	1580 SAWGR/	ASS CORP., PKWY	16420 SAPPHIRE STR	REET						·
Suite, April #, etc   Suite, April #, etc   Co23204   Chg-P   CR2E034 (10/03)										
City & State   City & City & State   City & Stat										151 il 1101
Applicable   App								CR2E034	<u> </u>	
8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 17. Name and Address of New Registered Agent 18. 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, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  STORMATURE  STORMATURE  STORMATURE  STORMATURE  STORMATURE  OFFICERS AND DIRECTORS  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  AD	City & State		City & State			· ·			<u> </u>	
Name	Zip	Country	Zip	Coun	try	I		Fi	e Required	
BARRETO, CARLOS J 16420 SAPPHIRE STREET WESTON, FL 33331  City FL Zip Code  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, used or perted rame of registered agent.  SIGNATURE    Symbol Legel or perted rame of registered agent.   Chit		6. Name and Address of Curren	t Registered Agent		Name	7. Name and	Address of New R	egistered Ac	ent	
City   FL   Zip Code	BARRETO, CARLOS J									
B. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Pforida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature (panel or period name of registered agent and 16 all appaces of panel period name of registered agent and 16 all appaces of panel period name of registered agent and 16 all appaces of panel period name of registered agent and 16 all appaces of panel period name of registered agent, or both, in the State of Pforida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature (panel period name of registered agent and 16 all appaces of panel period name of registered agent, or both, in the State of Pforida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature (panel period name of registered agent and 16 all appaces of panel period name of registered agent.  SIGNATURE  Signature (panel period name of registered agent and 16 all appaces of panel period name of registered agent.  SIGNATURE  Signature (panel period name of registered agent and 16 all appaces of panel period name of registered agent.  SIGNATURE  Signature (panel period name of registered agent and 16 all appaces of panel period name of registered agent.  SIGNATURE  Signature (panel period name of registered agent and 16 all appaces of panel period name of registered agent.  SIGNATURE  PILE NOWIII FEE IS \$150.00  SS.00 May Ba Addetor Fee Ba Addeto										
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.    CATE					City			FI	Zip Code	9
After May 1, 2004 Fee will be \$550.00  Trust Fund Contribution	the obligati	ons of registered agent.			·		n, in the State of Flo	-	miliar with,	and accept
THILE	FILI After Ma	E NOW!!! FEE IS \$150.00 by 1, 2004 Fee will be \$550		_		ded to Fees				
MAME SIRRET ADDRESS 1642 O SAPPHIRE STREET WESTON, FL 33331 CITY-S1-2P  NAME SIRRET ADDRESS 1642 O SAPPHIRE STREET WESTON, FL 33331 CITY-S1-2P  NAME SIRRET ADDRESS SIRRET ADDRESS CITY-S1-2P  NAME SIRRET ADDRESS SIRRET ADRESS SIRRET ADDRESS SIRRET A						ADDITIONS/	CHANGES TO OFF	<u> </u>		
TITLE   VP	NAME STREET ADDRESS	BARRETO, XAVIER 16420 SAPPHIRE STREET	L) Detete	NAM STRE	LET ADDRESS		U0000 02/13/ <b>04</b>			
THE	NAME STREET ADDRESS	FALLU, MARIA ELENA 16420 SAPPHIRE STREET	☐ Delete	NAM S1RI	ELI ADDRESS					
NAME	NAME STREET ADDRESS		☐ Delete	NAM STR	EET ADDRESS		***************************************	·	Change	Additlor
TITLE NAME NAME STREET ADDRESS CITY - ST - ZIP  TITLE NAME STREET ADDRESS CITY - ST - ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	NAME STREET ADDRESS		☐ Delete	NAN STR	ME EET AODRESS			· — - · · · · · · · · · · · · · · · · ·	☐ Change	☐ Addition
TITLL Gelete TITLE GRANGE Addition  NAME STREET ADDRESS STREET ADDRESS	TITLE NAME STREET ADDRESS		□ Delete	TITI NAN SIR	E ML LECT AUDRESS			, <del>-</del>	Change	Addition
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f). 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 pring like empowered	HILL NAME STREET ADDRESS CITY- ST-ZIP			nan Str Cit	ME EET ADORESS Y- ST-ZIP				_ ,	_