


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90064 028 \*\*\*150.00

**DOCUMENT # P01000083582**

1. Entity Name  
**MERCO DEVELOPMENT CORPORATION**



Principal Place of Business  
**499 E PALMETTO PARK RD  
 STE 207  
 BOCA RATON, FL 33432**

Mailing Address  
**499 E PALMETTO PARK RD  
 STE 207  
 BOCA RATON, FL 33432**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**19151 Seneca Avenue**  
 Suite, Apt. #, etc.

City & State  
**Weston, FL**

City & State  
**Weston, FL**

Zip  
**33031-2436**

Country  
**USA**



01242006 Chg-P CR2E034 (11/05)

4. FEI Number  
**01-0656696**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**BARRETO, CARLOS J  
 499 E PALMETTO PARK RD  
 STE 207  
 BOCA RATON, FL 33432**

**7. Name and Address of New Registered Agent**

Name

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

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.

SIGNATURE \_\_\_\_\_  
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, 2006 Fee will be \$550.00**

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	<b>P</b> <b>BARRETO, CARLOS</b> <b>499 E PALMETTO PARK RD, STE 207</b> <b>BOCA RATON, FL 33432</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>FALLU, MARIA ELENA</b> <b>499 E PALMETTO PARK RD, STE 207</b> <b>BOCA RATON, FL 33432</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **01/30/06** Daytime Phone #: **954 652 9693**