2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 17, 2005 08:00 AM Secretary of State

ANNUAL REPORT								
DOCUMENT # P02000058643					Sec	cretary of	State	
1. Entity Nam	⊫ MERRY AND PARTNERS, I							
, roozr,	WERKET AND TAKENDERS,							
-	e of Business	Mailing Address			•			
2101 W COMMERCIAL BLVD STE 4800 2101 W COMMERCIAL BLVD ST FT Lauderdale, FL 33309 FT Lauderdale, FL 33309			IE 4800					
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	and the second s							
				03052005	No Chg-P	CR2E034 (10/03)		
D	O NOT WRITE	CE				olied For		
			_	4. FEI Numbe 03-0452			Applicable	
				5. Certificate	of Status Desired	\$8.75 Addi		
	6. Name and Address of Current F	tegistered Agent						
COHEN, N	MARK L		חח	NOT W	DITE			
2101 W COMMERCIAL BLVD STE 4800 FT LAUDERDALE, FL 33309			DO NOT WRITE IN THIS SPACE					
	named entity submits this statement for ions of registered agent.	the purpose of changing its register	ed office or register	ed agent, or bot	n, in the State of Flor	ida. I am familiar with, a	nd accept	
SIGNATURE_					·			
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE Register)	d Agent signature required	when reinstating)		DATE		
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0		.00 May Be ed to Fees					
10.	OFFICERS AND D	DIRECTORS	<u> </u>		19 19 19 19 19 19 19 19 19 19 19 19 19 1	- <u> </u>		
TITLE NAME	D ROSER, LINDSAY							
STREET ADDRESS	RREET ADDRESS 2101 W COMMERCIAL BLVD STE 4800							
TITLE	D D		1		00/11/00		0.00	
NAME MERRY, STEPHEN STREET ADDRESS 2101 W COMMERCIAL BLVD STE 4800								
CITY-ST-ZIP	FT LAUDERDALE, FL 33309	E 4800						
TITLE		V]-			-		
NAME STREET ADDRESS				DΟ	NIOT W	1-7 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		
CITY-ST-ZIP			DO NOT WRITE					
NAME				IN 1	THIS SP	ACE		
STREET ADDRESS CITY-ST-ZIP	}							
TITLE	<u> </u>				= <u></u>			
NAME			}					
STREET ADDRESS CITY - ST - ZIP								
TITLE			1	-				
NAME STREET ADDRESS								

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.

CITY-ST-ZIP

SIGNATURE: LINDSAY ROSER 3/12/05 917331371