2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000077274

1. Entity Name
MERIDIAN MCV, INC.

Principal Place of Business	Mailing Address
815 PONCE DE LEON BLVD 2ND FLOOR CORAL GABLES, FL 33134	815 PONCE DE LEON BLVD 2ND FLOOR CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

01092004 No Chg-P CR2E034 (10/03)

4. FEI Number
01-0738750
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LANGSTADT, OLIVER J
815 PONCE DE LEON BLVD 2ND FLOOR
CORAL GABLES, FL 33134

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000090195
03/17/04-80008-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SANDOVAL, MARTIN
STREET ADDRESS	815 PONCE DE LEON BLVD 2ND FLOOR
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	VSD
NAME	BYERS, VINCENT
STREET ADDRESS	815 PONCE DE LEON BLVD 2ND FLOOR
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	VTD
NAME	VALENCIA, CARLOS
STREET ADDRESS	815 PONCE DE LEON BLVD 2ND FLOOR
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

SIGNATURE: X _____ X 3/08/04 X 954 384-3011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #