

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90031 042 ***150.00

DOCUMENT # P02000077274

1. Entity Name
MERIDIAN MCV, INC.



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

Mailing Address
**815 PONCE DE LEON BLVD 2ND FLOOR
CORAL GABLES, FL 33134**

40015584



01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

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

**DO NOT WRITE
IN THIS SPACE**

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 of the same empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-05

Date

Daytime Phone #

(354) 584-5071