


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90036 027 ***150.00

DOCUMENT # P02000077274 1. Entity Name MERIDIAN MCV, INC.	
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Principal Place of Business 3265 MERIDIAN PKWY SUITE #104 WESTON, FL 33331	Mailing Address 3265 MERIDIAN PKWY SUITE #104 WESTON, FL 33331
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DO NOT WRITE IN THIS SPACE



03212008 No Chg-P CR2E034 (11/05)

4. FEI Number 01-0738750	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SANDOVAL, MARTIN
3265 MERIDIAN PKWY
SUITE #104
WESTON, FL 33331**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

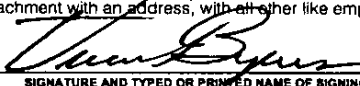
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANDOVAL, MARTIN 3265 MERIDIAN PKWY, SUITE #104 WESTON, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BYERS, VINCENT 3265 MERIDIAN PKWY, SUITE #104 WESTON, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD VALENCIA, CARLOS 3265 MERIDIAN PKWY, SUITE #104 WESTON, FL 33331
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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IN THIS SPACE**

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 either like empowered.

SIGNATURE:  **Vincent Byers** **954 384-5071**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #