

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000017035

Entity Name: MERAND GROUP, INC.

FILED
Mar 17, 2004
Secretary of State

Current Principal Place of Business:

1000 BRICKELL AVENUE
SUITE 900
MIAMI, FL 33131

New Principal Place of Business:

20335 BISCAYNE BOULEVARD
SUITE L-10
AVENTURA, FL 33180

Current Mailing Address:

1000 BRICKELL AVENUE
SUITE 900
MIAMI, FL 33131

New Mailing Address:

20335 BISCAYNE BOULEVARD
SUITE L-10
AVENTURA, FL 33180

FEI Number: 57-1150792

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RICARDO BAJANDAS, P.A.
1000 BRICKELL AVENUE
SUITE 900
MIAMI, FL 33131

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR. () Change (X) Addition
Name: RODRIGUEZ, HERNAN J MR.
Address: 765 CRANDON BLV. APTO 605
City-St-Zip: KEY BISCAYNE, FL 33149

Title: MR. () Change (X) Addition
Name: FUENTES, ANDRES A MR.
Address: 1122 CRANDON BLV. APTO E303 THE TOWERS
City-St-Zip: KEY BISCAYNE, FL 33149

Title: MS () Change (X) Addition
Name: FUENTES, LESLIE A MS.
Address: 765 CRANDON BLV. APTO 605
City-St-Zip: KEY BISCAYNE, FL 33149

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LESLIE FUENTES

MS.

03/17/2004

Electronic Signature of Signing Officer or Director

Date