


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000114385 1. Entity Name FACCI OF MERRICK PARK, INC.		
Principal Place of Business 1021 KANE CONCOURSE BAYHARBOUR, FL 33154	Mailing Address 4770 BISCAYNE BLVD SUITE 60 MIAMI, FL 33137	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent HELLMAN, MAYNARD J 2999 NE 191 STREET PENTHOUSE 8 AVENTURA, FL 33180		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
		U000000408558 02/08/06-80062-022 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BILLANTE, THOMAS 1021 KANE CONCOURSE BAYHARBOUR, FL 33154	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KALAS, KOSMAS A 1021 KANE CONCOURSE BAYHARBOUR, FL 33154	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 all other like empowered.		
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



01042006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0318121	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

1/26/06 305
576 16 16
Date Daytime Phone #