



2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000048954					
1. Entity Name MERIDA CORPORATION					
Principal Place of Business 5996 BENT PINE DR. SUITE #3203 ORLANDO, FL 32822			Mailing Address 5996 BENT PINE DR. SUITE #3203 ORLANDO, FL 32822		
2. Principal Place of Business 10086 MEDALLION BLUFF LN		3. Mailing Address 10086 MEDALLION BLUFF LN		FILED 05 OCT -4 AM 11:19 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09142005 Chg-P CR2E034 (10/03)	
City & State ORLANDO FL		City & State ORLANDO FL		4. FEI Number 710963651	
Zip 32829		Country ORANGE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PEREZ, JOSE G 5996 BENT PINE DR. SUITE #3203 ORLANDO, FL 32822			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) 10086 MEDALLION BLUFF LN City ORLANDO FL Zip Code 32829		
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) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by October 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, JOSE G 5996 BENT PINE DR. ORLANDO, FL 32822	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PEREZ JOSE G. 10086 MEDALLION BLUFF LN ORLANDO FL 32829	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMIREZ, MARIBEL 5996 BENT PINE DR. ORLANDO, FL 32822	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RAMIREZ MARIBEL 10086 MEDALLION BLUFF LN ORLANDO FL 32829	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000060203411 10/04/05--01012--007 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			9/26/05 407 2739912 <small>Date Daytime Phone #</small>		