



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90415 028 ***150.00

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|--|---------------------------------|---|---|--|--|
| DOCUMENT # P04000048954 1. Entity Name MERIDA CORPORATION | | | |  | |
| Principal Place of Business 10086 MEDALLION BLUFF LANE ORLANDO, FL 32829 | | | Mailing Address 10086 MEDALLION BLUFF LANE ORLANDO, FL 32829 | | |
| 2. Principal Place of Business 10086 MEDALLION BLUFF LANE | | 3. Mailing Address 10086 MEDALLION BLUFF LANE | |  | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State ORLANDO FL | | City & State | | | |
| Zip 32829 | | Country ORANGE | | 4. FEI Number 71-0963651 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | | 03302006 Chg-P CR2E034 (11/05) | |
| 6. Name and Address of Current Registered Agent PEREZ, JOSE G 10086 MEDALLION BLUFF LANE ORLANDO, FL 32829 | | | | | |
| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | | | | |
| 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 re-registering) 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 | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE D NAME PEREZ, JOSE G STREET ADDRESS 10086 MEDALLION BLUFF LANE CITY-ST-ZIP ORLANDO, FL 32829 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE D NAME RAMIREZ, MARIBEL STREET ADDRESS 10086 MEDALLION BLUFF LANE CITY-ST-ZIP ORLANDO, FL 32829 | <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 | |
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| 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: <u>Jose G Perez</u> JOSE G PEREZ 4/19/06 407 2598231 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |