

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90823 032 \*\*\*158.75

<b>DOCUMENT # P04000136163</b> 1. Entity Name <b>MERENGUE HOUSE RESTAURANT INC.</b>	
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**40092343**



Principal Place of Business <b>2450 NW 36 ST MIAMI, FL 33142</b>	Mailing Address <b>2450 NW 36 ST MIAMI, FL 33142</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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03282007 Chg-P CR2E034 (12/06)

4. FEI Number <b>20-1707554</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  <b>CORPORATE PROCESS SERVICES, INC. 2300 CORAL WAY SUITE 201 MIAMI, FL 33145</b>
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<b>7. Name and Address of New Registered Agent</b> Name <b>DANILO ARSENIO FERMIN</b> Street Address (P.O. Box Number is Not Acceptable) <b>9513 NW 27 AVENUE</b> <b>MIAMI, FLORIDA 33147</b> City <b>MIAMI</b> FL Zip Code <b>33147</b>
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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 	DATE
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD JIMENEZ, PABLO <input checked="" type="checkbox"/> Delete 2450 N W 36 ST MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DANILO ARSENIO FERMIN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9513 NW 27 AVENUE MIAMI, FLORIDA 33147
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 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: 	President	4-26-07	(305) 637-7694
SIGNATURE AND TITLE OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

**Daniilo Fermin**