


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 18, 2006 8:00 am
Secretary of State

08-18-2006 90077 004 ***150.00

DOCUMENT # P05000102201 1. Entity Name MERICOM, INC.																																																																																																					
Principal Place of Business % ROBERT DISTEFANO, ESQ. 7471 W. OAKLAND PARK BLVD. #106 LAUDERHILL, FL 33319			Mailing Address % ROBERT DISTEFANO, ESQ. 7471 W. OAKLAND PARK BLVD. #106 LAUDERHILL, FL 33319																																																																																																		
2. Principal Place of Business <i>Same</i>		3. Mailing Address <i>Same</i>																																																																																																			
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4. FEI Number 13-4305881				Applied For <input type="checkbox"/> Not Applicable																																																																																																	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required																																																																																																	
6. Name and Address of Current Registered Agent FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE, FL 33311-4132			7. Name and Address of New Registered Agent Name Robert Distefano Street Address (P.O. Box Number is Not Acceptable) LAW OFFICES OF ROBERT PHILIP DISTEFANO, P.A. City 7471 W. OAKLAND PARK BLVD. Zip Code FT. LAUDERDALE, FL 33319																																																																																																		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent and to be familiar with, and accept the obligations of registered agent. SIGNATURE <i>Robert Distefano</i> (NOTE: Registered Agent signature required when reinstating) DATE 8/8/06																																																																																																					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="5"></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="5"></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="5"></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="5"></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="5"></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS						CITY-ST-ZIP						TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS						CITY-ST-ZIP						TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS						CITY-ST-ZIP						TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS						CITY-ST-ZIP						TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS						CITY-ST-ZIP					
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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, and all other like empowered.																																																																																																					
SIGNATURE: <i>Robert Distefano</i> 8/8/06 954-572-8000 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																																																																																					

50025547



07172006 Chg-P CR2E034 (11/05)

ATTACHMENT

5002-547

Mericom, Inc.
7471 W. Oakland Park Blvd., Suite#.106
Ft. Lauderdale, FL 33319
(954) 572-8000

August 15, 2006

Division of Corporations
Annual Report
P.O. Box 6327
Tallahassee, FL 32314

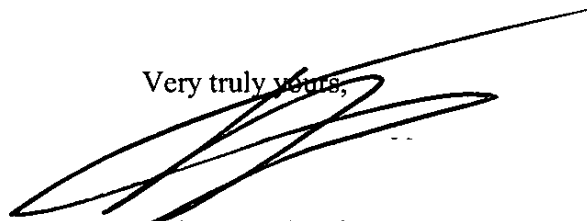
Re: 2006 Annual Report
Doc# P05000102201

Dear Sir or Madam:

Please be advised that this office never received the annual report notice from the Division of Corporations. Therefore, please waive the late fee and accept our check in the amount of \$150.00 for the annual report fee.

Should you have any questions, please feel free to contact my bookkeeper, Janeen Hartranft.

Very truly yours,



Robert P. DiStefano



ATTACHMENT
Division of Corporations
50025547
Annual Report

Annual Report Help

Document Number
P05000102201
Business Entity Name
MERICOM, INC.

☒ After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if filing after May 1st and notice was not received.

FEI Number

134305881

FEI Number Status

☒ Listed Above ☐ Applied For ☐ Not Applicable

Certificate of Status Desired

☐ Yes ☒ No \$8.75 eachElection Campaign Financing Trust Fund Contribution ☐ Yes ☒ No**Principal Place of Business**

Address % ROBERT DISTEFANO, ESQ.
Suite, Apt. #, etc. 7471 W. OAKLAND PARK BLVD. #106
City, State LAUDERHILL, FL
Zip Code & Country 33319

Mailing Address

Address % ROBERT DISTEFANO, ESQ.
Suite, Apt. #, etc. 7471 W. OAKLAND PARK BLVD. #106
City, State LAUDERHILL, FL
Zip Code & Country 33319

Name and Address of Registered Agent

Name (Last, First, Middle, Title)

- OR -

Business to serve as RA

FILINGS, INC.

Address (PO Box is not acceptable) 3732 N.W. 16TH STREET

Suite, Apt. #, etc.

City, State

FT. LAUDERDALE, FL

Zip Code & Country

333114132 U.S.

50025547
#P05000102201

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title

D

Name (Last, First, Middle, Title)

DISTEFANO

ROBERT

- OR -

Entity Name to serve as
Officer/Director

Street Address

7471 W. OAKLAND PK BLVD. #106

City, State

LAUDERHILL

FL

Zip Code & Country

33319

Title

D

Name (Last, First, Middle, Title)

ST. ARMAND

FRED

- OR -

Entity Name to serve as
Officer/Director

Street Address

7471 W. OAKLAND PK BLVD. #106

City, State

LAUDERHILL

FL

Zip Code & Country

33319

Title

D

Name (Last, First, Middle, Title)

CHEVRY

RALPH

- OR -

Entity Name to serve as
Officer/Director

Street Address

7471 W. OAKLAND PK BLVD. #106

City, State

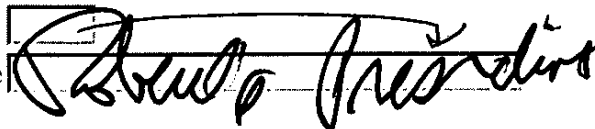
ATTACHMENT

Zip Code & Country	LAUDERHILL	FL	50025-2247
	33319		#P05000102201
Title			
Name (Last, First, Middle, Title)			
- OR -			
Entity Name to serve as Officer/Director			
Street Address			
City, State			
Zip Code & Country			
Title			
Name (Last, First, Middle, Title)			
- OR -			
Entity Name to serve as Officer/Director			
Street Address			
City, State			
Zip Code & Country			
Title			
Name (Last, First, Middle, Title)			
- OR -			
Entity Name to serve as Officer/Director			
Street Address			
City, State			
Zip Code & Country			

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature



This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that

ATTACHMENT 50025547

the facts stated herein are true.

#PO5000102201

Sunbiz Home Page

Annual Report Help