FILED May 21, 2007 8:00 am Secretary of State 04-25-2007 90196 003 ***150.00

2007 FOR PROFIT CORPORATION

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04-25-2007 90196 003

ANNUAL REPORT						0123200	70170 005	150.00
DOCUMENT # P06000087720 1. Entity Name MEROPI PETROU PA								
Principal Plac	e of Businesa	Maiting Address	1	1				
109 BANYAN TREE LANE 109 BANYAN TREE LANE			NF			e e	015010	
DELRAY BEACH, FL 33483 DELRAY BEACH, FL 33483						DÜ	015810	
					1,000,000	L STIM BAD FIM SIM SIA SEA	ra man eleki kere (1181 i 18	W 661 M 13 M
2. Principal Place of Business - No P.O. Box # 3. Mailing Address								
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Suite, Apt. #, etc.		Suite, Apt. #, etc.			04232007	Chg-P	CR2E034 (12/06)	
City & Stat	6	City & State			4. FEI Numb	er	TA	pplied For
					20-5	129346	N	ot Applicable
Zip	Country	Zip _	Coun	iry	5. Certificate	of Status Desired	☐ - \$8.75 Ad	ditional
	Name and Address of Current F	gistered Agent		<u> </u>	7. Name and	Address of New Regi		×0
				Name				
MICHAEL J MCGOEY CPA INC 639 EAST OCEAN AVE			Street Address (P.O. Box Number is Not Acceptable)					
SUITE 101			ļ					
BOYNTON BEACH, FL 33435								
				City	_		FL Zip Cod	la
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								and accept
the obligations of registered agent.								
SIGNATURE.	Signature, typed or printed name of registered agent a	d Acerd among a company	1 100 100 100 100 100 100 100 100 100 1		DATE	\		
Signisture, hyped or printed name of registered agent and life if applicable. (NOTE: Registered Agent agrees required when remetating) OATE								
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees								
10.	OFFICERS AND I	DIRECTORS	11.		ADDITIONS	CHANGES TO OFFICE	RS AND DIRECTOR	S IN 11
TITLE	Р	☐ De:ete	TITLE	ı			Change	Addition
NAME STREET ADDRESS	PETROU, MEROPI 109 BANYAN TREE LANE		NAM STRE	E Et adoress				
CITY-ST-ZIP	DELRAY BEACH, FL 33483			-S1-7#P				
TITLE		Delete	TITLE	:			☐ Change	Addition
KALKE	ļ		NAME	- 1				
STREET ADDRESS CITY-ST-ZIP				ET ADORESS - ST-ZIP				
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NAME		_ 5333	NAME	F				
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP]-
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STREET ADDRESS				ET ADORESS				
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TITLE		Deleta	MLE				☐ Change	Addition
NAME STREET ADDRESS			NAME	E E1 Adoress				
CITY-ST-ZIP				-ST-ZIP				
12. I hereby	certily that the information supplied with	this filing does not qualify to	or the exe	motions contained	in Chapter 11	9, Florida Statutes. I furti	her certify that the in	nformation
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: Messer Both 4/83/2007								
SIGNATURE: SIGNATURE AND TWO OR PRINTED PANES OF EXCEPT OR DIRECTOR Cate Designation of the Contract of Cate Designation of the Contract of Cate Designation of Cate D								