

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 12, 2007 8:00 am
Secretary of State

06-12-2007 90112 037 ***158.75

DOCUMENT # P06000095934 1. Entity Name R S MERIDA, CORP.					
Principal Place of Business 9400 SW 40 ST MIAMI, FL 33165			Mailing Address 9400 SW 40 ST MIAMI, FL 33165		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		40120556 	
City & State Zip Country		City & State Zip Country		4. FEI Number 20-5256102 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				05242007 Chg-P CR2E034 (12/06)	
-6. Name and Address of Current Registered Agent DIAZ, OSVALDO J 7951 SW 40TH ST STE 206 MIAMI, FL 33155			7. Name and Address of New Registered Agent Name JOSE A. RICHTER Street Address (P.O. Box Number is Not Acceptable) 9400 S.W. 40 ST City MIAMI FL Zip Code 33165		
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 06/12/07 <small>Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		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	VD IMPEROTORI, GIUSEPPO 9400 SW 40 ST MIAMI, FL 33165	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD IMPEROTORI, FERNANDO 9400 SW 40 ST MIAMI, FL 33165	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RICHTER, JOSE A 9400 SW 40 ST MIAMI, FL 33165	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<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:  JOSE A. Richter 06/12/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					