

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 15, 2008 8:00 am**  
**Secretary of State**

01-15-2008 90034 020 \*\*\*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**

**40004057**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01082008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

**20-5256102**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RICHTER, JOSE A  
9400 S.W. 40TH STREET  
MIAMI, FL 33165**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VD** ☐ Delete  
NAME **IMPERATORI, GIUSEPPO**  
STREET ADDRESS **9400 SW 40 ST**  
CITY-ST-ZIP **MIAMI, FL 33165**

TITLE ☐ Change ☒ Addition  
NAME **PD KATHERINA IMPERATORI**  
STREET ADDRESS **9400 S.W. 40 E STREET**  
CITY-ST-ZIP **MIAMI FL 33165**

TITLE **TSO** ☐ Delete  
NAME **IMPERATORI, FERNANDO**  
STREET ADDRESS **9400 SW 40 ST**  
CITY-ST-ZIP **MIAMI, FL 33165**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PD** ☒ Delete  
NAME **RICHTER, JOSE A**  
STREET ADDRESS **9400 SW 40 ST**  
CITY-ST-ZIP **MIAMI, FL 33165**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Giuseppe Imperatori 01/15/08*