
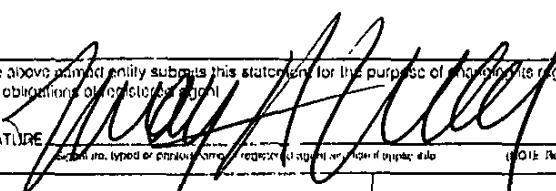
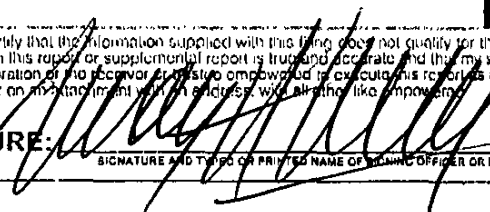


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

08 JUL 17 AM 10:30

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P07000089229			
1. Entity Name MERRICK LAND CORPORATION			
Principal Place of Business 2655 LEJEUNE RD #507 CORAL GABLES, FL 33134		Mailing Address 2655 LEJEUNE RD #507 CORAL GABLES, FL 33134	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent FILINGS, INC. 3752 N.W. 16TH STREET FT. LAUDERDALE, FL 33311 4132		7. Name and Address of New Registered Agent Name: <u>Juan Vicente Urdaneta</u> Street Address (P.O. Box Number is Not Acceptable): <u>2655 Lejeune Road Suite 507</u> City: <u>Coral Gables</u> FL Zip Code: <u>33134</u>	
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, the registered agent.			
SIGNATURE: 		Date: <u>7/11/08</u>	
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees <input checked="" type="checkbox"/> 200133269032 07/22/08--01014--022 **476.25	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D CAMACHO, MAYELA <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	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 the like empowerments.			
SIGNATURE: 		ATTORNEY IN FACT <u>JAN 06/02/14</u>	
SIGNATURE AND TITLE OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR		Date	



07112008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

City: Coral Gables FL Zip Code: 33134

7/11/08

200133269032 07/22/08--01014--022 **476.25

07/11/08

ATTORNEY IN FACT JAN 06/02/14