

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000085129

FILED  
Apr 27, 2012  
Secretary of State

**Entity Name:** MERRICK VIEW INVESTMENTS MM, INC.

**Current Principal Place of Business:**

4551 PONCE DE LEON BOULEVARD  
CORAL GABLES, FL 33146

**New Principal Place of Business:**

**Current Mailing Address:**

4551 PONCE DE LEON BOULEVARD  
CORAL GABLES, FL 33146

**New Mailing Address:**

FEI Number: 80-0492506

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

A&A REGISTERED AGENT, INC.  
4551 PONCE DE LEON BOULEVARD  
CORAL GABLES, FL 33146 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ALAYON, RICHARD A  
Address: 4551 PONCE DE LEON BOULEVARD  
City-St-Zip: CORAL GABLES, FL 33146

Title: VPD  
Name: FULLERTON, PETER V  
Address: 4551 PONCE DE LEON BOULEVARD  
City-St-Zip: CORAL GABLES, FL 33146

Title: VPD  
Name: FULLERTON, CATHARINE  
Address: 4551 PONCE DE LEON BOULEVARD  
City-St-Zip: CORAL GABLES, FL 33146

Title: SD  
Name: ALAYON, MARTHA L  
Address: 4551 PONCE DE LEON BOULEVARD  
City-St-Zip: CORAL GABLES, FL 33146

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RICHARD A ALAYON

RA

04/27/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date