

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 27, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90076 013 \*\*\*150.00

**66430684**



01062004 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P95000083430</b>	
1. Entity Name <b>MERFINANCE CORP.</b>	

Principal Place of Business <b>2132 TIGERTAIL AVE MIAMI, FL 33133</b>	Mailing Address <b>% PENINSULA REGISTERED AGENTS, INC. 200 SOUTH BISCAYNE BLVD., SUITE 4874 MIAMI, FL 33131</b>
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2. Principal Place of Business <b>1541 Brickell Ave.</b>	3. Mailing Address <b>Suite, Apt. #, etc. Apt 2603</b>
City & State <b>Miami, FL</b>	City & State <b>Dade</b>
Zip <b>33129</b>	Country <b>Dade</b>

4. FEI Number <b>65-0619900</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>PENINSULA REGISTERED AGENTS, INC. 200 S. BISCAYNE BLVD. SUITE 4874 MIAMI, FL 33131</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P BALTODANO, ANTONIO J. 1001 S. BAYSHORE DR., #1804 MIAMI, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1541 Brickell Ave Apt 2603 Miami, FL 33129</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S BALTODANO, DUILIO C. PO BOX 736 (N/A) MANAGUA, NICARAGUA <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
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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 registered agent 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 or without the empowered.

**SIGNATURE:** \_\_\_\_\_  
Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

**MERFINANCE CORP.**

Attachment  
66430684

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**July 21, 2004**

**Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500**

**Re: DOCUMENT #95000083430**

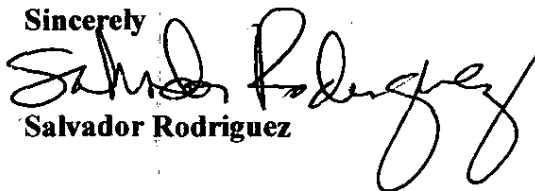
**Dear Sirs:**

**I received the enclosed letter from our Florida Registered Agent. When I went to the web site, I confirmed that the indication is that we have not filed the Annual Report.**

**Enclosed is a copy of our Annual Report. It was filed on March 8, 2004 and we enclosed a check for \$150.00. A copy of the cancelled check received with our April bank statement is also enclosed.**

**Please check your records and adjust them accordingly.**

**Sincerely**

  
**Salvador Rodriguez**

**Attachments:**

**Letter from Peninsula Registered Agents  
Notice of Intent to Dissolve  
2004 For Profit Corporation annual Report  
Copy of cancelled check made out to Florida Dept of State**

MCGRATH INC. UNIT  
2122 TIGER LANE  
MIAMI, FL 33122

PAY  
TO THE  
ORDER OF  
Me  
FOR 2

PAY  
TO THE  
ORDER OF  
24  
FOR 7

7-0-011

7-0-011

PAY TO THE ORDER OF Florida Department of State DATE March 8, 2007

One hundred fifty and \$ 150.00

PINEBANK 1201 BRICKELL BAY DRIVE MIAMI, FL 33133

FOR FEI 63-767990

PAY  
TO THE  
ORDER OF  
72  
FOR 2

Attachment  
66430684  
#P95000083430

2175

2007/03/08

\$ 000.00

13000000

Cancelled check returned through bank

Attachment

**PENINSULA  
REGISTERED  
AGENTS, INC.**

66430684  
#P95000083430

Peninsula Registered Agents, Inc.  
200 South Biscayne Boulevard  
43<sup>rd</sup> Floor  
Miami, Florida 33131-2398  
305.577.4733

July 7, 2004

Mr. Antonio J. Baltodano  
Merfinance Corp.  
2132 Tigertail Avenue  
Miami, Florida 33133

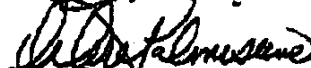
**Re: MERFINANCE CORP.**

Dear Mr. Baltodano:

Enclosed is a Notice of Intent to Dissolve which we received from the Florida Department of State on behalf of Merfinance Corp. Please note that as of this date, Merfinance Corp. has not filed its 2004 Florida Annual Report (copy enclosed). Accordingly, the Corporation will be involuntarily dissolved on September 8, 2004 if the report is not filed and the filing fee in the amount of \$550.00 is not paid.

Should you wish to continue to maintain the active status of Merfinance, the enclosed report must be completed and filed as indicated above.

Very truly yours,

  
Debra Palmisano  
Vice President

DK:dkp

Enclosures

Copy to: Sonia De Cruz, P.A.

MLA2001 29\*651v1

Exp. to:  
Salvador Rodriguez  
Insurance Office Corp.  
Fax to: (201) 418-0010  
Tel to: (201) 418-6540