



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2006 8:00 am**  
**Secretary of State**

02-22-2006 90010 006 \*\*\*158.75

<b>DOCUMENT # P98000027210</b> 1. Entity Name <b>MEROSCUATES CORP.</b>					
Principal Place of Business <b>781 ALLENDALE DRIVE KEY BISCAYNE, FL 33149</b>			Mailing Address <b>777 BRICKELL AVE 1390 PH MIAMI, FL 33131</b>		
2. Principal Place of Business <b>781 ALLENDALE ROAD</b> Suite, Apt. #, etc.		3. Mailing Address <b>777 Brickell Ave</b> Suite, Apt. #, etc. <b>630</b>			
City & State <b>KEY BISCAYNE, FL.</b>		City & State <b>Miami, Fl.</b>		4. FEI Number <b>65-0822086</b>	
Zip <b>33149</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>FERDIE, AINSLEE R 717 PONCE DE LEON BLVD STE 215 CORAL GABLES, FL 33134</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>URRUELA A., JUAN F</b> <b>777 BRICKELL AVE, STE 1170</b> <b>MIAMI, FL 33131</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FERNANDEZ W., JUAN GERARDO</b> <b>777 BRICKELL AVE, STE 1170</b> <b>MIAMI, FL 33131</b>	<input type="checkbox"/> Delete			
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			
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.					
<b>SIGNATURE:</b> <u><i>Juan Urruela</i></u> <u><i>Juan Fernandez</i></u> <u><i>Feb 05/06</i></u> <u><i>(305) 374-0505</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					