2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED
Jan 24, 2007 08:00 AM
Secretary of State

DOCU	MENT	# [วดุลก	വവ	127	721	O
レンマンマン	IVII IN I	** 1	300	$\mathbf{u}\mathbf{v}$	J _ I	_	u

1. Entity Name

MERÓSCUATES CORP.



Principal Place of Business

781 ALLENDALE DRIVE KEY BISCAYNE, FL 33149 Mailing Address

777 BRICKELL AVE 630

MIAMI, FL 33131



01092007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0822086 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional-Fee Required

6. Name and Address of Current Registered Agent

FERDIE, AINSLEE R 717 PONCE DE LEON BLVD STE 215 CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	urpose of changing its registere	d office or	registered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and trille	f applicable. (NOTE: Registered	Agent signatur	s required when reinstating)	DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS		,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D URRUELA A., JUAN F 777 BRICKELL AVE, STE 1170 MIAMI, FL 33131					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERNANDEZ W., JUAN GERARDO 777 BRICKELL AVE, STE 1170 MIAMI, FL 33131	,		000000601614 01/26/07-80057-009 158.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE				•		

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.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

MAN WERVELC

01/20/07

(305) 344-0500 Daylime Phone *