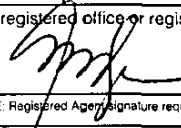
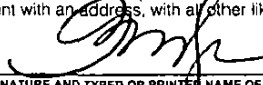


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 10, 2006 8:00 am**  
**Secretary of State**

07-10-2006 90028 032 \*\*\*150.00

<b>DOCUMENT # P99000048194</b> 1. Entity Name <b>MERSAN MAINTENANCE CORP.</b>					
Principal Place of Business <b>1164 SW 141 AVE.</b> <b>MIAMI, FL 33184</b>			Mailing Address <b>1164 SW 141 AVE.</b> <b>MIAMI, FL 33184</b>		
2. Principal Place of Business <b>1384 S.W. 143 AVE.</b> Suite, Apt. #, etc.		3. Mailing Address <b>1384 S.W. 143 AVE.</b> Suite, Apt. #, etc.		<b>50022069</b> 	
City & State <b>MIAMI, FL.</b>		City & State <b>MIAMI, FL.</b>		4. FEI Number <b>59-2294761</b>	
Zip <b>33184</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WEIDER, NORMAN S</b> <b>100 SE 2ND ST., STE. 3950</b> <b>MIAMI, FL 33131</b>			7. Name and Address of New Registered Agent Name <b>MERCEDES DE QUESADA</b> Street Address (P.O. Box Number is Not Acceptable) <b>1384 S.W. 143 AVE.</b> City <b>MIAMI, FL.</b> <b>33184</b> <b>FL</b> Zip Code		
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 <b>MERCEDES DE QUESADA</b>  DATE <b>7/5/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME RIGAU, ANGELINA <input checked="" type="checkbox"/> Delete STREET ADDRESS 1164 S.W 141 AVE. CITY-ST-ZIP MIAMI, FL 33184			TITLE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME MERCEDES DE QUESADA STREET ADDRESS 1384 S.W. 143 AVE. CITY-ST-ZIP MIAMI, FL 33184		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME MANUEL DE QUESADA STREET ADDRESS 1384 S.W. 143 AVE. CITY-ST-ZIP MIAMI, FL 33184		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  <b>7/5/06</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					