
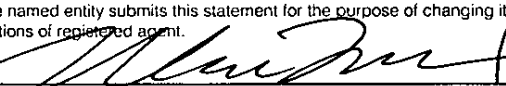
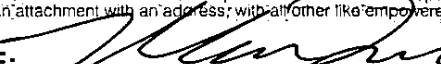


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2005 8:00 am
Secretary of State

02-25-2005 90154 006 ***150.00

DOCUMENT # P99000072609 1. Entity Name MARCELO L. MERLO, P.A.					
Principal Place of Business 306 ALOAZAR AVENUE SUITE 303 CORAL GABLES, FL 33134			Mailing Address 306 ALOAZAR AVENUE SUITE 303 CORAL GABLES, FL 33134		
2. Principal Place of Business 7445 Big Cypress Dr. Suite, Apt. #, etc.			3. Mailing Address 7445 Big Cypress Dr. Suite, Apt. #, etc.		
City & State MIAMI LAKES, FL		City & State MIAMI LAKES, FL		4. FEI Number 65-0938549	
Zip 33014		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MERLO, MARCELO L 306 ALOAZAR AVENUE SUITE 303 MIAMI, FL 33134				7. Name and Address of New Registered Agent Name MARCELO L. MERLO Street Address (P.O. Box Number is Not Acceptable) 7445 Big Cypress Dr. City MIAMI LAKES FL Zip Code 33014	
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  MARCELO MERLO FEB 1 2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MERLO, MARCELO L 306 ALOAZAR AVENUE, SUITE 303 CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARCELO, L MERLO 7445 Big Cypress Dr. MIAMI LAKES, FL 33014	<input checked="" 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
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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)(i), 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:  MARCELO MERLO FEB 1 2005 (305) 318-4736 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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