## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

1. Entity Name	MENT # P99000072 D L. MERLO, P.A.	609			02-25-20	005 90154 0	06 ***150	.00
Principal Place	e of Business	Mailing Address						
306 ALOAZAF	R AVENUE	306 ALOAZAR AVENUE				•	0019	195
SUITE 303		SUITE 303				`	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
CORAL GABLE	ES, FL 33134	CORAL GABLES, FL 331	34		(2011)		unin shih salis isli	1701 ti 1601
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2. Principal Place of Business 7445 Bi6 Cylaess DR.		3. Mailing Address 7445 Bib Cypress DR.				<b>i i</b> liya <b>ili</b> ya iliya	10.0 TUM 100.0 TU	
Suite, Apt.		Suite, Apt. #, etc.	TIPESS FIRE					
001(0) / 1011	.,, 5.5.			010	72005 Chg-P	CR2E	034 (10/03)	
City & State		City & State	s FL		El Number		<b>→</b>	plied For
Miami L		MIAMI LAKE	,	6	55-0938549	-: <del>* .                                   </del>		t Applicable
33019	4 USA	33014	Country	<b>5.</b> d	ertificate of Status De	sired 🔲	\$8.75 Add Fee Required	
2001	6. Name and Address of Current I		<del></del>	7 N	ame and Address of	New Registered		
	o. Harrie and Address of Carrent	negioterou Agoin	Name	1	<i>I</i> , , , , , , , , , , , , , , , , , , ,	( _		
MERLO, M	IARCELO L		Γ	MARCE		<u> </u>		
	ZAR AVENUE		Street Ad	dress (P.O. Bo	ox Number is Not Acc	eptable)		
SUITE 303			744	C 21/	CUPPESS	DR.		
MIAMI, FL	33134		177	3 616	WIFE 32		7:a Cad	
			City W	liAMi	<b>LAKES</b>	Fl	Zip Code	014_
	named entity submits this statement for	r the purpose of changing its	egistered office or r	registered age	ent, or both, in the Stat	e of Florida. I am	familiar with,	and accept
the obligati	ions of registered agent.	La L	/			<b>.</b>	2000	•
SIGNATURE	Meny	met -	MARCEL	o Med	260	FEB 1	2005	
	Signature, typed or printed name of registrated agent a	and title it applicable. (NOTE:	Registered Agent signatur		netation)	DATE		
		<del></del>		a required wilding				
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campaig Trust Fund Contri		\$5.00 M Added to F	ay Be			
		Trust Fund Contri		\$5.00 M Added to F	ay Be	O OFFICERS AN	D DIRECTOR:	S IN 11
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After Ma	ay 1, 2005 Fee will be \$550.0 OFFICERS AND	Trust Fund Contri	bution.   11.	\$5.00 M Added to F	ay Be fees DITIONS/CHANGES 1		D DIRECTOR:	
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12. Thereby Certify that the information supplied with this timing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

For 12005 (305) 318-473