2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** Feb 14, 2008 08:00 AM Secretary of State DOCUMENT # V35520 1. Entity Name MERIT MACHINERY, INC. Principal Place of Business Mailing Address 7662 SW 144TH TERR 7662 SW 144TH TER MIAMI FL 33158 MIAMI FL 33158 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 65-0331804 Not Applicable Zip Country Zin Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SANCHEZ, GORDANA M. Street Address (P.O. Box Number is Not Acceptable) 7662 SW 144TH TER **MIAMI FL 33158** City 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. 2-12-08 registered agent and title if unplicable. (NOTE Registered Aport signature required when reinstatute) FILE NOW!!! FEE IS \$150.00 After May 1,12008 Fee Will Be \$550.00 \$5.00 May Be. 9. Election Campaign Financing Trust Fund Centribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITI F Change Addition NAME SANCHEZ, GORDANA M NAME 7662 SW 144TH TER STREET ADDRESS STREET ADDRESS CITY - ST- ZIP MIAMI FL CITY - \$T - ZIP U00000828048 □ Change | 02/22/08-80013-024 150.00 TITLE De'ete Addition TITI F NAME SANCHEZ, EUGENE E. NAME 7662 SW 144 TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-7IP MIAMI FL CITY-ST-ZIP TITLE Delete IME Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Deiete Addition TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE. Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes 1 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 eath; 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 LINCAL . AND THE STATE OF DIRECTOR OF DIRECTOR

3-/2-08 (3.5) 255 5861