

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V46107

FILED
Apr 09, 2009
Secretary of State

Entity Name: MERIDA ASSOCIATES, INC.

Current Principal Place of Business:

1601 BELVEDERE ROAD
SUITE 407 SOUTH
WEST PALM BEACH, FL 33406

Current Mailing Address:

1601 BELVEDERE ROAD
SUITE 407 SOUTH
WEST PALM BEACH, FL 33406

New Principal Place of Business:

1601 BELVEDERE ROAD
SUITE 407 SOUTH
WEST PALM BEACH, FL 33406 US

New Mailing Address:

1601 BELVEDERE ROAD
SUITE 407 SOUTH
WEST PALM BEACH, FL 33406 US

FEI Number: 65-0339279

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAPES, PAUL
1601 BELVEDERE ROAD
SUITE 407 SOUTH
WEST PALM BEACH, FL 33406 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MEYER, SYDELLE
Address: 1601 BELVEDERE RD. S-407
City-St-Zip: WEST PALM BEACH, FL 33406

Title: S () Delete
Name: ASARCH, GAIL
Address: 1601 BELVEDERE RD STE 407 SO
City-St-Zip: WEST PALM BEACH, FL 33406

Title: T () Delete
Name: MAPES, PAUL
Address: 1601 BELVEDERE ROAD, 407 SOUTH
City-St-Zip: WEST PALM BEACH, FL 33406

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SYDELLE, MEYER
Address: 1601 BELVEDERE RD. S-407
City-St-Zip: WEST PALM BEACH, FL 33406 US

Title: S (X) Change () Addition
Name: ASARCH, GAIL M
Address: 1601 BELVEDERE RD STE 407 SO
City-St-Zip: WEST PALM BEACH, FL 33406 US

Title: T (X) Change () Addition
Name: MAPES, PAUL
Address: 1601 BELVEDERE ROAD, 407 SOUTH
City-St-Zip: WEST PALM BEACH, FL 33406 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL MAPES

T

04/09/2009

Electronic Signature of Signing Officer or Director

Date