


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 16, 2006 08:00 AM
Secretary of State

DOCUMENT # F95000005000

1. Entity Name
MERCURY CAPITAL CORP.



Principal Place of Business
380 LEXINGTON AVE.
#2020
NEW YORK, NY 10168

Mailing Address
380 LEXINGTON AVE.
#2020
NEW YORK, NY 10168



05122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-2928080

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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6. Name and Address of Current Registered Agent

MESHEL, JEFFREY
1000 S. POINT DR.
SUITE 1601
ST BEACH, FL 33139

DO NOT WRITE IN THIS SPACE

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: _____ (NOTE: Registered Agent signature required when reinsuring) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCPV MESHEL, JEFFREY 380 LEXINGTON AVE. #2020 NEW YORK, NY 10168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCST GLEITMAN, MARC P 380 LEXINGTON AVE.,#2020 NEW YORK, NY 10168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/20/06-80094-002 150.00

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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/12/06 212 6661-8700
Date Daytime Phone #