

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000072855

FILED
Apr 17, 2009
Secretary of State

Entity Name: MERCHANT CAPITAL SERVICES, INC.

Current Principal Place of Business:

3363 NE 163RD ST, STE 705
NORTH MIAMI BEACH, FL 33160

New Principal Place of Business:

Current Mailing Address:

3363 NE 163RD ST, STE 705
NORTH MIAMI BEACH, FL 33160

New Mailing Address:

FEI Number: 26-3118037 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARY M. KRASNA, P.A.
120 E. PALMETTO PARK ROAD
SUITE 100
BOCA RATON, FL 33432 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: VS (X) Delete
Name: LEVINE, MICHAEL G
Address: 1934 HOLLYWOOD BLVD., SUITE 200
City-St-Zip: HOLLYWOOD, FL 33020

Title: P () Delete
Name: FIRER, OLEG
Address: 3363 NE 163RD ST., STE. 705
City-St-Zip: NORTH MIAMI BEACH, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MICHAEL LEVINE, SECRETARY

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04/17/2009

Electronic Signature of Signing Officer or Director

_____ Date