

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2008 08:00 A
Secretary of State

DOCUMENT # 469796

1. Entity Name
MERCHANTS EXPORT, INC.



Principal Place of Business

**200 M.L. KING BLVD.
RIVIERA BEACH, FL 33404-7506**

Mailing Address

**200 M.L. KING BLVD.
RIVIERA BEACH, FL 33404-7506**



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1630047

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**COLLIER, MARIA M ST
200 M.L. KING BLVD.
RIVIERA BEACH, FL 33404-7506**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO
AMENGUAL, ISABEL
6800 SMITH BAY
ST. THOMAS, VI 00802**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
COLLIER, TERRY K
1240 N. OCEAN WAY
PALM BCH., FL 33480**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
COLLIER, MARIA M
1240 N OCEAN WAY
PALM BEACH, FL 33480**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
ULLIAN, JEFFREY E
6207-6 RIVERWALK LANE
JUPITER, FL 33458**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**1VP
COLLIER, NATALIA S
1240 N OCEAN WAY
PALM BEACH, FL 33480**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**2VP
COLLIER, CAROLINE B
1240 N OCEAN WAY
PALM BEACH, FL 33480**

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01/10/08-80035-023 317.50

**DO NOT WRITE
IN THIS SPACE**

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:

Maria M. Collier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARIA M. COLLIER

January 8, 2008
Date

561-844-7000
Daytime Phone #