

**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**

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

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

(NOTE: Registered Agent signature required when renewing)

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

TITLE
NAME
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NAME
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CITY - ST - ZIP

U000000564846
05/20/06-80094-002 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/12/06 **212**
Date Daytime Phone #
661-8700