

2005 FOR PROFIT CORPORATION ANNUAL REPORT


7/7

FILED
Aug 09, 2005 8:00 am
Secretary of State

07-07-2005 90001 005 ***150.00
 08-09-2005 90004 004 ***400.00

DOCUMENT # L69206

1. Entity Name
MERCANTILE TAX CENTER, INC.



Principal Place of Business Mailing Address

660 SE 8TH AVE. 660 SE 8TH AVE.
 HIALEAH, FL 33010-5635 US HIALEAH, FL 33010-5635 US

50060797



06302005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 65-0191387 Not Applicable

5. Certificate of Status Desired \$6.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRITO, RAFAEL
 660 SE 8TH AVE
 HIALEAH, FL 33010

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 _____ DATE _____
Signature, typed or printed name of registered agent and site if applicable. (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

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	PSD BRITO, RAFAEL 660 SE 8TH AVE HIALEAH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRITO, MARIA D. 660 SE 8TH AVE HIALEAH, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Rafael Brito RAFAEL BRITO PSD 6-29-2005 305 825-1634
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

57060797

Hialeah, August 2nd, 2005

Florida Department of State
Mrs. Glenda E. Hood
Secretary of State
Division of Corporations
P.O. Box 1500
Tallahassee Florida 32302-1500

Ref;No. L 69206

Gentlément:

The subscriber: RAFAEL BRITO as president of a business entity called: MERCANTILE TAX CENTER, INC.
660 S.E. 8th Aven
Hialeah Fl. 33010-5635
Fla chapter No. L 69206
Federal I.D. 65-0191387

This is reference to your letter of July 11, 2005, we didn't agree on pay \$ 400.00 as late charges,


- 1- We are not guilty of pay late this time.
- 2- We were waiting for our 2005 profit annual report as last year and you did not sent it.
- 3- You have change the system of how to receive the up coming form of the year.

As you know our record show that we never paid late charges before.

Note: Our system is mannual because we can not paid for a new and advance system.

Ck # 3379 7-25-05 by \$ 400.00 attached.

Truly yours,



Rafael Brito
President.