2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 31, 2007 08:00 AM DOCUMENT # L69206 **Secretary of State** 1. Entity Name MERCANTILE TAX CENTER, INC. Mailing Address Principal Place of Business 660 SE 8TH AVE. 660 SE 8TH AVE. HIALEAH FL 33010-5635 HIALEAH FL 33010-5635 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) 4, FEI Number Applied For City & State City & State 65-0191387 Not Applicable Ζφ Country Zio Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BRITO, RAFAEL 660 SE 8TH AVE Street Address (P.O. Box Number is Not Acceptable) HIALEAH FL 33010 Zip Code City 8. The above named ontity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent. SIGNATURE STAG Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. PSD ☐ Change ☐ Addition ☐ Delete TITLE IIILE BRITO, RAFAEL NAM NAME U00000613496 660 SE 8TH AVE STREET ADDRESS 02/05/07-80041-014 150.00 STREET ADDRESS HIALEAH FL CITY SI-ZIP CITY ST ZIP VD ☐ Change Addition Delete INTE TITLE BRITO, MARIA D NAME NAME 660 SE 8TH AVE STREET ADDRESS STREET ADDRESS HIALEAH FL CITY-ST ZIP CITY-ST ZE ☐ Change ☐ Addilion Delete MLE TETE S MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CUTY-SI-ZIP Change ☐ Addition Delete TITLE MAME STREET ADDRESS STREET ADDRESS CITY-SE-ZIP CITY ST-ZIP ☐ Change ☐ Addition ☐ Delete IIIL MANE STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY - ST - ZIP ☐ Change ☐ Addition ☐ Delete 11115 IIIL NAME NAME STREET ADDRESS STREET ADDRESS CMY - ST - ZIP CITY - ST - 7IP

12. I horeby certify that the information supplied with this filing does not quality for the exemptions contained in Section 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:

ALPEANLE RAFAEL BR.
NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-26-07 305 885-1634

FILED