


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2007 08:00 A
Secretary of State
ACCOUNTS PAYABLE DEPT.
2007 FEB 12 P 4: 33
RECEIVED

DOCUMENT # M52447 1. Entity Name MERCANTIL SERVICES CORPORATION	
---	---

Principal Place of Business 220 ALHAMBRA CIR MIAMI, FL 33134	Mailing Address 220 ALHAMBRA CIR MIAMI, FL 33134
--	--

DO NOT WRITE IN THIS SPACE



01112007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2831052	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent CTC MANAGEMENT SERVICES, LLC 220 ALHAMBRA CIR. 11TH FLOOR MIAMI, FL 33134

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DC VILLAR, GUILLERMO 6200 RIVIERA DR. CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS PERAZA, ALBERTO 220 ALHAMBRA CIR CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILSON, MILLAR 1307 CAMPO SANOVA VE CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>U000000669528 03/27/07-80077-001 158.75</p> 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 an officer like empowered.

SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	1/12/2007 <small>Date</small>	(305) 460-8619 <small>Daytime Phone #</small>
--	---	---