2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# N04204

Entity Name: THE MERCHANTS #1 OF DAVIE, INC.

Current Principal Place of Business:

6553 STIRLING RD.
DAVIE, FL 333147117 US

New Principal Place of Business:

Current Mailing Address:

6553 STIRLING ROAD
DAVIE, FL 33314

New Mailing Address:

FEI Number: 59-2547443 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROGIFF, ALLAN
6553 STIRLING ROAD
DAVIE, FL 33314 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	ROGOFF, ALLAN	
Address:	395 WILDWOOD LA	
City-St-Zip:	DEERFIELD BEACH, FL 33442	
Title:	VD	( ) Delete
Name:	TABASSUM, RANA	
Address:	1241 STAGHORN CT.	
City-St-Zip:	WELLINGTON, FL 33414	
Title:	S	( ) Delete
Name:	KORAH, MAMMEN	
Address:	517 LAKESIDE CIR.	
City-St-Zip:	SUNRISE, FL 33326	
Title:	T	( ) Delete
Name:	MILLET, JOSE A	
Address:	454 LAKWVIEW #2	
City-St-Zip:	WESTON, FL 33326	
Title:	STRA	( ) Delete
Name:	MOORE, EDNA H	
Address:	4252 SW 62ND AVE.	
City-St-Zip:	FORT LAUDERDALE, FL 33314	
Title:	D	( ) Delete
Name:	MOORE, EDNA H	
Address:	6557 STIRLING RD.	
City-St-Zip:	DAVIE, FL 33314	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALLAN ROGOFF PRES 04/28/2006

Electronic Signature of Signing Officer or Director — Date