

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90277 007 ***150 00

DOCUMENT # P00000011671 1. Entity Name MERCADO ENTERPRISES, INC.		04-27-2005 90277 007 ***150.00	
Principal Place of Business PO BOX 667505 MIAMI, FL 33166		Mailing Address 2255 W. 10 COURT HIALEAH, FL 33010	
2. Principal Place of Business		3. Mailing Address 7990 W. 25 Ave	
Suite, Apt. #, etc. Hialeah, FL ?		City & State 33016	
Zip 33016		Country	
6. Name and Address of Current Registered Agent MERCADO, AXEL R 8738 N.W. 141 TERRACE MIAMI LAKES, FL 33018		7. Name and Address of New Registered Agent Mercado Axel 16383 S.W 16 St Pembroke Pines FL 33027	
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 _____ <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME PTD MERCADO, AXEL R STREET ADDRESS 1512 W FLAGLER ST NO 1512 CITY - ST - ZIP MIAMI, FL 33135		TITLE NAME Mercado Axel STREET ADDRESS 16383 S.W 16 ST CITY - ST - ZIP Pembroke Pines FL 33027	
TITLE NAME _____ STREET ADDRESS _____ CITY - ST - ZIP _____		TITLE NAME _____ STREET ADDRESS _____ CITY - ST - ZIP _____	
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TITLE NAME _____ STREET ADDRESS _____ CITY - ST - ZIP _____		TITLE NAME _____ STREET ADDRESS _____ CITY - ST - ZIP _____	
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: Axel Mercado <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/25/05 (805) 822-4080 <small>Date Daytime Phone #</small>	