2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000075296

Entity Name
 LAS MERCEDES FRUIT CORP.

FILED Feb 12, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

1531 W FLAGLER STREET MIAMI, FL 33135-2117

1531 W FLAGLER STREET MIAMI, FL 33135-2117



DO NOT WRITE IN THIS SPACE

02072007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1033247 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RIVERI, MERCEDES 1531 W FLAGLER STREET MIAMI, FL 33135-2117

DO NOT WRITE IN THIS SPACE

			1	e e e e e e e e e e e e e e e e e e e
	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	ed office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title it applicable (NOTE Registered Agent signature required when reinstating) OATE				
FILE NOWILL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.			ncing \$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS		
TITLE	PSTD			
NAME	RIVERI, MERCEDES 1531 W FLAGLER STREET MIAMI, FL 331352117		ህርብታታል የሚገኘ	
STREET ADDRESS				000000633927 02/21/07-80082-011 150.00
CITY-ST-ZIP				
TITLE			1	
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE			1	
NAME			•	
STREET ADDRESS			l 50	NOT WOITE
CITY-ST-ZIP			טט ן	NOT WRITE
TITLE			l ini-	THIS SPACE
NAME			1 11/1	I NIS SPACE
STREET ADDRESS				
CITY-ST-ZIP			,	•
TITLE]	•
NAME			·	·
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				•

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 all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/07/0

(301)649 4033

Daytime Phone #