


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90052 001 ***150.00

DOCUMENT # P01000042391	
1. Entity Name MERCEDE BUILDINGS, INC.	

Principal Place of Business 1868 NORTH UNIVERSITY DRIVE SUITE 204 PLANTATION, FL 33322	Mailing Address 1868 NORTH UNIVERSITY DRIVE SUITE 204 PLANTATION, FL 33322
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50009350



2. Principal Place of Business 23122 B SANDALFOOT	3. Mailing Address 23122 B SANDALFOOT
Suite, Apt. #, etc. PLAZA DRIVE	Suite, Apt. #, etc. PLAZA DRIVE
City & State BOCA RATON FL	City & State BOCA RATON FL
Zip 33428	Country USA

01262005 Chg-P CR2E034 (10/03)

4. FEI Number 65-1096665	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 CARUSO, MICHAEL A 1108 E. NEWPORT CTR. DR. DEERFIELD BEACH, FL 33442	7. Name and Address of New Registered Agent Name MICHAEL A. CARUSO Street Address (P.O. Box Number is Not Acceptable) 2701 NW 2ND AVE #211 City BOCA RATON FL Zip Code 33431
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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 *SKY* DATE 1/31/05
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
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERCEDE, SKY 1868 NORTH UNIVERSITY DRIVE SUITE 204 PLANTATION, FL 33322 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SKY MERCEDE 23122 B SANDALFOOT PLAZA DR. BOCA RATON, FL 33428 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *SKY* **PRESIDENT** DATE 1/31/05 954 214-1501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #