
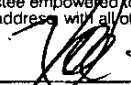


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2005 8:00 am
Secretary of State

05-13-2005 90229 026 ***150.00

DOCUMENT # P01000083582			
1. Entity Name MERC0 DEVELOPMENT CORPORATION			
Principal Place of Business 1580 SAWGRASS CORP., PKWY 130 SUNRISE, FL 33323		Mailing Address 16420 SAPPHIRE STREET WESTON, FL 33331	
2. Principal Place of Business 499 E. PALMETTO PARK RD		3. Mailing Address 499 E. PALMETTO PARK RD.	
Suite, Apt. #, etc. ste 207		Suite, Apt. #, etc. ste 207	
City & State BOCA RATON, FL		City & State BOCA RATON FL	
Zip 33432	Country	Zip 33432	Country
05032005		Chg-P	CR2E034 (10/03)
4. FEI Number 01-0656696		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 BARRETO, CARLOS J 16420 SAPPHIRE STREET WESTON, FL 33331		7. Name and Address of New Registered Agent Name: BARRETO, CARLOS X. Street Address (P.O. Box Number is Not Acceptable): 499 E. PALMETTO PARK RD. Ste 207 City: BOCA RATON FL Zip Code: 33432	
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 _____			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: BARRETO, XAVIER STREET ADDRESS: 16420 SAPPHIRE STREET CITY-ST-ZIP: WESTON, FL 33331	<input type="checkbox"/> Delete	TITLE: P NAME: BARRETO, CARLOS STREET ADDRESS: 499 E. PALMETTO PARK RD. Ste 207 CITY-ST-ZIP: BOCA RATON, FL 33432	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: FALLU, MARIA ELENA STREET ADDRESS: 16420 SAPPHIRE STREET CITY-ST-ZIP: WESTON, FL 33331	<input type="checkbox"/> Delete	TITLE: VP NAME: FALLU, MARIA ELENA STREET ADDRESS: 499 E. PALMETTO PARK RD Ste 207 CITY-ST-ZIP: BOCA RATON, FL 33432	<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
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: 		Date: 05/13/05 Daytime Phone #: 954-217-9948	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

50052508

