

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000064321
 1. Entity Name
 MERCY PHOTO INC.



Principal Place of Business Mailing Address
 3960 WEST 16TH AVENUE 3960 WEST 16TH AVENUE
 SUITE 202 SUITE 202
 HIALEAH, FL 33012 HIALEAH, FL 33012



07122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 03-0457952 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MORA, MERCY M
 3960 WEST 16TH AVENUE
 SUITE 202
 HIALEAH, FL 33012

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
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
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. \$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

TITLE: PD
 NAME: MORA, MERCY M
 STREET ADDRESS: 2298 NW 208 WAY
 CITY-ST-ZIP: PEMBROKE PINES, FL 33029

TITLE: STD
 NAME: CRUZ, MERCY
 STREET ADDRESS: 6481 WEST 8TH AVENUE
 CITY-ST-ZIP: HIALEAH, FL 33012

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

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 07/18/05-80003-019 150.00

DO NOT WRITE IN THIS SPACE

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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-16-05
 Date

Daytime Phone #