

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000119042

FILED  
Apr 28, 2005  
Secretary of State

Entity Name: INTERNATIONAL MERCHANTS, CORP.

**Current Principal Place of Business:**

12355 S.W. 18 ST., #214  
MIAMI, FL 33175

**New Principal Place of Business:**

660 NW 177 ST # 112  
MIAMI, FL 33169

**Current Mailing Address:**

12355 S.W. 18 ST., #214  
MIAMI, FL 33175

**New Mailing Address:**

660 NW 177 ST # 112  
MIAMI, FL 33169

FEI Number: 01-0752172

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GOMEZ, SAMUEL L  
12355 S.W. 18 ST., #214  
MIAMI, FL 33175 US

**Name and Address of New Registered Agent:**

LONDONO, SAMUEL  
660 NW 177 ST # 112  
MIAMI, FL 33169 US

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.

SIGNATURE: SAMUEL LONDONO

04/28/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GOMEZ, SAMUEL L  
Address: 12355 S.W. 18 ST., #214  
City-St-Zip: MIAMI, FL 33175

Title: SD ( ) Delete  
Name: ZACIPA, LINA X  
Address: 12355 S.W. 18 ST., #214  
City-St-Zip: MIAMI, FL 33175

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: LONDONO, SAMUEL  
Address: 660 NW 177 ST # 112  
City-St-Zip: MIAMI, FL 33169

Title: SD (X) Change ( ) Addition  
Name: ZACIPA, LINA X  
Address: 660 NW 177 ST # 112  
City-St-Zip: MIAMI, FL 33169

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMUEL LONDONO

PD

04/28/2005

Electronic Signature of Signing Officer or Director

Date