

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90272 018 ***150.00

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DOCUMENT # P02000119042					
1. Entity Name INTERNATIONAL MERCHANTS, CORP.					
Principal Place of Business 660 NW 177 ST # 112 MIAMI, FL 33169			Mailing Address 660 NW 177 ST # 112 MIAMI, FL 33169		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 01-0752172	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LONDONO, SAMUEL 660 NW 177 ST # 112 MIAMI, FL 33169			Name <i>GUSTAVO LONDONO</i>		
			Street Address (P.O. Box Number is Not Acceptable) <i>660 N.W. 177 ST #112</i>		
			City <i>Miami</i> FL Zip Code <i>33169</i>		
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: <i>Gust S.L.C.</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD LONDONO, SAMUEL 660 NW 177 ST # 112 MIAMI, FL 33169	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Pd</i> <i>GUSTAVO LONDONO</i> <i>660 N.W. 177 ST #112</i> <i>Miami, FL 33169</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ZACIPA, LINA X 660 NW 177 ST # 112 MIAMI, FL 33169	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Vice-President</i> <i>SAMUEL LONDONO</i> <i>660 N.W. 177 ST #112</i> <i>Miami, FL 33169</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: <i>Gust S.L.C.</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
				Date	
				Daytime Phone #	