


FILED
May 02, 2007 8:00 am
Secretary of State

2007 FOR PROFIT CORPORATION ANNUAL REPORT

05-02-2007 90107 022 ***150.00

DOCUMENT # P02000119042					
1. Entity Name INTERNATIONAL MERCHANTS, CORP.					
Principal Place of Business 1301 N. EAST MIAMI GARDENS DR. APT 306 N. MIAMI BEACH, FL 33179		Mailing Address 1301 N. EAST MIAMI GARDENS DR. APT 306 N. MIAMI BEACH, FL 33179			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 01-0752172	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent LONDONO, GUSTAVO 660 NW 177 ST # 112 MIAMI, FL 33169				7. Name and Address of New Registered Agent Name: <i>Gustavo Londono</i> Street Address (P.O. Box Number is Not Acceptable): <i>1301 N. EAST MIAMI GARDENS DR.</i> <i>Apto 306</i> City: <i>N. Miami Beach</i> FL Zip Code: <i>33179</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>[Signature]</i> <small>Signature, Typed or Printed Name of Registered Agent and Title if Applicable (NOTE: Registered Agent Signature Required when resigning) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LONDONO, GUSTAVO	NAME			
STREET ADDRESS	1301 N. EAST MIAMI GARDENS DR. APT 306	STREET ADDRESS			
CITY-ST-ZIP	N. MIAMI BEACH, FL 33179	CITY-ST-ZIP			
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LONDONO, SAMUEL	NAME			
STREET ADDRESS	1301 N. EAST MIAMI GARDENS DR. APT 306	STREET ADDRESS			
CITY-ST-ZIP	N. MIAMI BEACH, FL 33179	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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>[Signature]</i>				Date	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Daytime Phone #</small>	

90101042



04172007 Chg-P CR2E034 (12/06)