



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90004 016 ***150.00

| | | | |
|--|--|---|---|
| DOCUMENT # P04000028425 | |  | |
| 1. Entity Name MERCORORTE INVESTMENTS, INC. | | | |
| Principal Place of Business 789 CRANDON BLVD UNIT 1502 CLUB TOWER ONE KEY BISCAYNE, FL 33149 | | Mailing Address 789 CRANDON BLVD UNIT 1502 CLUB TOWER ONE KEY BISCAYNE, FL 33149 | |
| 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 |
| 02152007 | | Chg-P CR2E034 (12/08) | |
| 4. FEI Number 41-2164849 | | Applied For Not Applicable | |
| 5. Certificate of Status Delect | | <input type="checkbox"/> \$6.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent DURAN, ALFREDO G 2601 S BAYSHORE DR 2-1400 MIAMI, FL 33133 | | 7. Name and Address of New Registered Agent | |
| Name | | Name | |
| Street Address (P.O. Box Number is Not Acceptable) | | Street Address (P.O. Box Number is Not Acceptable) | |
| City | | City | |
| FL | | Zip Code | |
| 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 _____ <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature is required when registering.)</small> | | | |
| FILE NOW!!! FEB 15 \$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 | DP VILLEGAS BELLO, JULIO CESAR <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VILLEGAS BELLO, JULIO CESAR | NAME | |
| STREET ADDRESS | 789 CRANDON BLVD UNIT 1502 | STREET ADDRESS | |
| CITY-ST-ZIP | KEY BISCAYNE, FL 33149 | CITY-ST-ZIP | |
| TITLE | STD FRANKE DE VILLEGAS, BIRGITTA <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FRANKE DE VILLEGAS, BIRGITTA | NAME | |
| STREET ADDRESS | 789 CRANDON BLVD, UNIT 1502 | STREET ADDRESS | |
| CITY-ST-ZIP | KEY BISCAYNE, FL 33149 | 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 supplement thereto 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 16 or Block 17 if changed, or on an attached form with an address, with or without the empowered. | | | |
| SIGNATURE: <i>X</i>  | | PRES. JULIO CESAR VILLEGAS BELLO 2/20/07 857-2696 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date (see Page 3) | |

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