2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000138707

Entity Name: MIAMI MERCHANTS INCORPORATED

FILED Mar 14, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 6800 SW 40TH STREET #492 MIAMI, FL 33155 **Current Mailing Address: New Mailing Address:** 6800 SW 40TH STREET #492 MIAMI, FL 33155 FEI Number: 20-1718101 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BAPTISTE, JASON L 6800 SW 40TH STREET #492 MIAMI, FL 33155

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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: BAPTISTE, JASON L

Address: 6800 SW 40TH STREET #492

City-St-Zip: MIAMI, FL 33155

Title: VP/T () Delete
Name: BAPTISTE, JASON L

Address: 6800 SW 40TH STREET #492

City-St-Zip: MIAMI, FL 33155

Title: S (X) Delete

Name: BAPTISTE, BARBARA L Address: 6800 SW 40TH STREET #492

City-St-Zip: MIAMI, FL 33155

Title: P/T (X) Change () Addition

Name: BAPTISTE, JASON L

Address: 6800 SW 40TH STREET #492

City-St-Zip: MIAMI, FL 33155

Title: VP/S (X) Change () Addition

Name: GLYNN, JOEL J

Address: 6800 SW 40TH STREET #492

City-St-Zip: MIAMI, FL 33155

Title: () Change () Addition

Name: Address: City-St-Zip:

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: JOEL GLYNN VP/S 03/14/2005