## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000051539

Entity Name: PUBMERC INC.

Address:

City-St-Zip:

FILED Apr 29, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 8256 EXCHANGE DRIVE SUITE 234 ORLANDO, FL 32809 **New Mailing Address: Current Mailing Address:** 8256 EXCHANGE DRIVE SUITE 234 ORLANDO, FL 32809 US FEI Number: 26-0412389 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: A.G.C. CO 200 SOUTH ORANGE AVENUE **SUITE 2300** ORLANDO, FL 32801 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: 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 Title: () Change () Addition DE GALINDO, ROXANA Name: Name: 8256 EXCHANGE DRIVE, SUITE 234 Address: Address: City-St-Zip: ORLANDO, FL 32809 US City-St-Zip: Title: V/D () Delete Title: () Change () Addition RODRIGUEZ, MIRIAM Name: Name: 8256 EXCHANGE DRIVE, SUITE 234 Address: Address: ORLANDO, FL 32809 US City-St-Zip: City-St-Zip: ( ) Delete Title: Title: S/D () Change () Addition CIUDAD REAL, GUILLERMO Name: Name: 8256 EXCHANGE DRIVE, SUITE 234 Address: Address: City-St-Zip: ORLANDO, FL 32809 US City-St-Zip: Title: T/D () Delete Title: () Change () Addition CIENFUEGOS, NELSON Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Address:

City-St-Zip:

SIGNATURE: ROXANA DE GALINDO P/D 04/29/2009

8256 EXCHANGE DRIVE, SUITE 234

ORLANDO, FL 32809 US