## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

## Apr 30, 2007 8:00 am Secretary of State 04-30-2007 90401 012 \*\*\*150 00 DOCUMENT # P96000044586 1. Entity Name MERCEDES BROTHERS INC. 40088115 Principal Place of Business Mailing Address 2742 SW 8 STREET #30 2742 SW 8 STREET #30 MIAMI, FL 33135 MIAMI, FL 33135 04102007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0711581 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MERCEDES, MILAGROS DO NOT WRITE 2742 SW 8 STREET #30 MIAMI, FL 33135 IN THIS SPACE 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS 10. D TITLE MERCEDES, HECTOR NAME 2742 SW 8 STREET #30 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33135 VΡ TITI F MILAGROS, MERCEDES NAME 2742 S.W. 8 STREET #30 STREET ADDRESS MIAMI, FL 33135 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 path; 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.

STREET ADDRESS CITY-ST-ZIP

Daytime Phone #

FILED