


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P96000053167

1. Entity Name
MERTOM, INC.



FILED
DEC 29, 06 AM 10: 31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 3873 PEMBROKE RD. HOLLYWOOD, FL 33021	Mailing Address 3873 PEMBROKE RD. HOLLYWOOD, FL 33021
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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

12142006 Chg-P CR2E034 (12/06)

4. FEI Number 65-0678790	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

LICUL, OLIVER
1453 SW 157 AVE
PEMBROKE PINES, FL 33027

7. Name and Address of New Registered Agent

Name: **STEVEN P. OPPENHEIM**
Street Address (P.O. Box Number is Not Acceptable):
**800 BRICKELL AVE.
SUITE 1107**
City: **MIAMI** FL Zip Code: **33131**

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: *Steven P. Oppenheim* **STEVEN P. OPPENHEIM** 11/27/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST RADOVIC, ELEONOCA M <input type="checkbox"/> Delete CALLE MIGEL PENA #92-75 EL TRIGAL VALENCIA-CARABOBO, VENEZUELA, 0 0	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RADOVIC, ELEONOCA M. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Delete LICUL, OLIVER 1458 SW 157AVE. PEMBROKE PINES, FL 33027	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400082647034 12/19/06--01054--003 **\$61.25
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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: *Eleonora M. Radovic* **ELEONOCA M. RADOVIC** 11/27/06 954-9869553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #