

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000054489

Entity Name: INTER-MERCANTILE CORP.

FILED
Jan 30, 2007
Secretary of State

Current Principal Place of Business:

6140 FALCONSGATE AVE
FORT LAUDERDALE, FL 33331

New Principal Place of Business:

9720 NW 115TH WAY
MEDLEY, FL 33178

Current Mailing Address:

6140 FALCONSGATE AVE
FORT LAUDERDALE, FL 33331

New Mailing Address:

FEI Number: 65-0761803 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOHAMMED, WAHID
6140 FALCONSGATE AVE
DAVIE, FL 33331 US

Name and Address of New Registered Agent:

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:

Title: PTD () Delete
Name: MOHAMMED, WAHID
Address: 6140 FALCONSGATE AVENUE
City-St-Zip: DAVIE, FL 33331

Title: VSD () Delete
Name: MOHAMMED, YASMIN
Address: 6140 FALCONSGATE AVENUE
City-St-Zip: DAVIE, FL 33331

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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.

SIGNATURE: WAHID MOHAMMED

PTD

01/30/2007

Electronic Signature of Signing Officer or Director

Date