
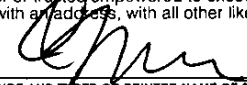


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90064 048 ***150.00

| | | | | | |
|--|---|--|--|---|--|
| DOCUMENT # P98000016940 1. Entity Name FIRST MERCHANTS COLLECTION CORPORATION | | | |  | |
| Principal Place of Business 1320 SOUTH DIXIE HWY 1275 CORAL GABLES, FL 33146 | | | Mailing Address 1320 SOUTH DIXIE HWY 1275 CORAL GABLES, FL 33146 | | |
| 2. Principal Place of Business - No P.O. Box # 555 N.E. 15th Street Suite, Apt. #, etc. Suite 104 City & State Miami, FL | | 3. Mailing Address 555 N.E. 15th Street Suite, Apt. #, etc. Suite 104 City & State Miami, FL | | | |
| Zip 33132 | Country USA | Zip 33132 | Country USA | 4. FEI Number 52-2082059 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent LEVEY, LEWIS J ESQ. 1320 SOUTH DIXIE HWY STE 1275 CORAL GABLES, FL 33146 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 555 N.E. 15th Street Suite 104 City Miami FL Zip Code 33132 | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | PST FRIEDMAN, ALLISON L 1320 SOUTH DIXIE HWY, #1275 CORAL GABLES, FL 33146 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | 555 N.E. 15th Street, Suite 104 Miami, Florida 33132 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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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:  ALLISON L. FRIEDMAN, PRES. 3/4/8 305-371-5250 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | |