

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 09, 2003 8:00 am
Secretary of State

06-09-2003 90113 019 ***150.00

DOCUMENT # P99000070903

1. Entity Name
GRUPO MERCAIMPULSO INTERNATIONAL, CORP.



Principal Place of Business
**1800 WEST 49TH STREET
301
HIALEAH FL 33012**

Mailing Address
**1800 WEST 49TH STREET
301
HIALEAH FL 33012**

2. Principal Place of Business Suite, Apt. #, etc.

3. Mailing Address Suite, Apt. #, etc.

City & State

Zip Country



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**RIOS, LEOPOLDO
1800 WEST 49TH STREET
301
HIALEAH FL 33012**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	TORBAY, CHARLES	
STREET ADDRESS	4440 NW 73RD AVE CCS 2070	
CITY-ST-ZIP	MIAMI FL 33168	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	TORBAY, MIRNA	
STREET ADDRESS	4440 NW 73RD AVE CCS 2070	
CITY-ST-ZIP	MIAMI FL 33168	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Leopoldo Rios ACCOUNTANT **05/01/03** (305) **5589469**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)