## 2005 FOR PROFIT CORPORATION

## FILED Mar 28, 2005 8:00 am

ANNUAL REPORT									Secretary of State					
DOCUMENT # P9900073381  1. Entity Name MERCURY TRANS TRADING CORP.									1	03-28-2005	•			
Principal Place of Business 1428 N.W. 82ND AVE. MIAMI, FL 33126				142	Mailing Address 1428 N.W. 82ND AVE. MIAMI, FL 33126						50	50031521		
2. Principal Place of Business 10920 W FLACLER ST				3. Mailing Address 10920 CW Frances ST				]						
Suite, Apt. #, etc.				Sui	Suite Apt. #, etc.				03072005 Chg-P CR2E034 (10/03)					
City & State Mi Anu FLONIS.			RINA	City & State MIPNI FO			oril	4. FEI Number 65-0954428				<del></del>	plied For t Applicable	
<sup>Zip</sup> 33	174	Coun	5 A	Zip	30174	Coun	115	_	5. Certificate	e of Status Desire		\$8.75 Add Fee Require	litional	
6. Name and Address of Current Registered Agent										d Address of Ne	. /	Agent	<del></del>	
LOMBARDI, JOSE V 1428 NW 82ND AVE MIAMI, FL 33126									9- <i>4-1-</i> P.O. Box Numb	per is Not Accept	able)	<i>i</i>		
								10920 Wherever ST # 204						
City  8. The above named entity submits this statement for the purpose of changing its registered office of the purpose of changing its registered of the purpose of changing its registered office of the purpose of changing its registered office of the purpose of changing its registered office of the purpose of the p								47	AM/		F	L Zin Cod	774	
	named entit		եոլ. \		pose of changing its	registere	ed office or	register	ed agent, or bo	oth, in the State o	of Florida. Tan	n familiar with,	and accept	
SIGNATURE Signature, typed or printed same of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  Out Om bond;  Signature required when reinstating)														
FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Added to Fees														
10. TITLE	PSD		OFFICERS AND	DIRECTO	ORS Delete	11.		Ps.		/CHANGES TO			S IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	LOMBAR 8284 NW MIAMI, FI	14TH S	ST.		Dece	NAMI STRE		j09	48 4 X.	FINCE I	STH	rox	Addition	
TITLE					☐ Delete	TIFLE				<del>,</del>	,. <u></u>	☐ Change	☐ Addition	
NAME Street Address City-St-Zip							et address - St-ZIP							
TITLE NAME					☐ Delete	TITLE	E					Change	Addition	
STREET ADDRESS CITY-ST-ZIP							et address - ST-2IP							
TITLE		· · · · · · · · · · · · · · · · · · ·			☐ Delete	TITLE						☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP						STRE	ET ADORESS - ST-ZIP							
TITLE			<del> </del>		☐ Delete	TITLE	:					☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP							e et address -st-zip							
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name Street address							ET ADDRESS							
CITY-ST-ZIP	<u> </u>					CITY	-ST-ZIP							

12. Thereby 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: \*

OW back
TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/08/2005