2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State
04-26-2004 91006 043 ***150.00

DOCUMENT # S32660

1. Entity Name
OPERACIONES MERCANTILES E.L.F., INC.

Principal Place of Business	Mailing Address
C/O ROBERT JAMERSON, ESQ. 2655 LEJEUNE ROAD, PENTHOUSE II CORAL GABLES, FL 33134	C/O ROBERT JAMERSON, ESQ. 2655 LEJEUNE ROAD, PENTHOUSE II CORAL GABLES, FL 33134

04212004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
21050 Pointe Place	9050 Pines Blvd
Suite, Apt. #, etc.: 904	Suite, Apt. #, etc.: 450
City & State: AventurA , FL	City & State: Pembroke Pines , FL
Zip: 33180 Country: USA	Zip: 33024 Country: USA

4. FEI Number: 65-0245210 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JAMERSON, ROBERT L JR.ESQ. C/O ROBERT JAMERSON, ESQ. 2655 LEJEUNE ROAD, PENTHOUSE II CORAL GABLES, FL 33134	Name: Nayarit Briceno Street Address (P.O. Box Number is Not Acceptable): c/o Buset Business Advisers, Inc. 9050 Pines Blvd., Suite 450 City: Pembroke Pines FL Zip Code: 33024

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 [signature] 4-22-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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	PTD FUENTES, ENRIQUE C/O R. JAMERSON, 2655 LE JEUNE RD, PH-II CORAL GABLES, FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD FUENTES, ENRIQUE L. C/O Buset Business Advisers, Inc. 9050 Pines Bl. Pembroke Pines, FL 33024	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD SPOCKES, DOMENICO C/O R. JAMERSON, 2655 LE JEUNE RD, PH-II CORAL GABLES, FL 33134	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD FUENTES, SUSANA C/O Buset Business Advisers, Inc. 9050 Pines Blvd. Pembroke Pines, FL 33024	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD FUENTES CALCANO, ENRIQUE L C/O R. JAMERSON, 2655 LE JEUNE RD, PH-II CORAL GABLES, FL 33134	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD FUENTES, MARIA Carolina C/O Buset Business Advisers, Inc. 9050 Pines Blvd Pembroke Pines, FL 33024	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD FUENTES, SUSANA C/O R. JAMERSON, 2655 LE JEUNE RD, PH-II CORAL GABLES, FL 33134	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: by- Enrique L. Fuentes 4-22-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #