2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 08:00 AM
Secretary of State

DOCUMENT # 274449

1. Entity Name
COMMERCIAL VENTURE SERVICES, INC.

Principal Place of Business	Mailing Address
2913 VIA NAPOLI DEERFIELD BEACH, FL 33442 US	2913 VIA NAPOLI DEERFIELD BEACH, FL 33442 US

01142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1027633

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

VON STEIN, GLORIA H
2913 VIA NAPOLI
DEERFIELD BEACH, FL 33442

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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, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	VON STEIN, LEE T
STREET ADDRESS	818 CAROLINA CIRCLE S.W.
CITY-ST-ZIP	VERO BEACH, FL 32962
TITLE	V
NAME	VON STEIN, CHARLES H
STREET ADDRESS	2913 VIA NAPOLI
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	P
NAME	VON STEIN, GLORIA
STREET ADDRESS	2913 VIA NAPOLI
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	S
NAME	VON STEIN, KIRK
STREET ADDRESS	333 17TH ST SUITE 2-E
CITY-ST-ZIP	VERO BEACH, FL 32960
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/27/08-80073-025 158.75

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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: GLORIA H. VON STEIN Gloria H Von Stein 2/13/08 954/360 7402
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #