

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 01, 2004 8:00 am**  
**Secretary of State**

04-01-2004 90007 003 \*\*\*150.00

**DOCUMENT # 448095**

1. Entity Name  
**COMMODITY SYSTEMS, INC.**



Principal Place of Business      Mailing Address  
 200 W PALMETTO PK RD      STE 200      200 W PALMETTO PK RD      STE 200  
 BOCA RATON, FL 33432      BOCA RATON, FL 33432

**54025098**



01092004      No Chg-P      CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1524976</b>	Applied For Not Applicable
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5. Certificate of Status Desired            **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

PELLETIER, ROBERT C  
 200 W PALMETTO PK RD      STE 200  
 BOCA RATON, FL 33432

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FERAN, MICHAEL T 1221 SW 19 AVE BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PELLETIER, ROBERT C 7074 NW 63RD WAY PARK BEND, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD SULLIVAN, FRAN 521 N. RIVERSIDE DR POMPANO BCH., FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: *Robert C. Pelletier*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *March 30, 2004*      561-392-8663  
 Daytime Phone #