


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 08:00 AM
Secretary of State

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

DO NOT WRITE IN THIS SPACE



01032005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 59-1524976 Not Applicable

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

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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 _____ (NOTE: Registered Agent signature required when re-stating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

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

U00000319009
 04/20/05-80081-020 150.00

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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)(f), 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: *Fran Sullivan* 04/18/05 561-392-8663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #