


2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000086241
 1. Entity Name
COMMONWEALTH WHOLESALE CORP.



Principal Place of Business 1140 E HALLANDALE BEACH BLVD. SUITE B HALLANDALE, FL 33009	Mailing Address 1140 E HALLANDALE BEACH BLVD. SUITE B HALLANDALE, FL 33009
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02182004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0780857	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BENNARDINI, CHARLES J ESQ
 7900 GLADES ROAD
 SUITE 140 BOCA CORPORATE PLAZA
 BOCA RATON, FL 33434

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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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000087142 03/12/04-80052-008 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSE, NEAL I 1140 E HALLANDALE BCH BLVD HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG, BRADLEY A 1140 E HALLANDALE BCH BLVD HALLANDALE, FL 33009
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Ba... ExUP Date: 2/18/04 Daytime Phone #: 9544589998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR