


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 11, 2005 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**

**DO NOT WRITE IN THIS SPACE**



01202005 No Chg-P CR2E034 (10/03)

4. FEI Number **65-0780857** Applied For  Not Applicable

5. Certificate of Status Desired  **\$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**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)

**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: **D**  
NAME: **ROSE, NEAL I**  
STREET ADDRESS: **1140 E HALLANDALE BCH BLVD**  
CITY-ST-ZIP: **HALLANDALE, FL 33009**

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

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
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NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

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02/11/05-80010-013 150.00

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:  **2/7/05** (954) 458-9998 x 101  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #