

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000035472

**Entity Name:** COMMERCIAL CEILINGS DESIGN, INC.

**Current Principal Place of Business:**

1520 N. 69TH WAY  
HOLLYWOOD, FL 33024

**Current Mailing Address:**

17290 NE 19TH AVE  
C/O M. ALMAN  
NORTH MIAMI BEACH, FL 33162 US

**FEI Number:** 84-1705705

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ALMAN, MARTIN  
17290 N.E. 19TH AVENUE  
NORTH MIAMI BEACH, FL 33162 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title	PD	Title	SD
Name	SAVA, GUY	Name	SAVA, GAIL
Address	1520 N. 69TH WAY	Address	1520 N. 69TH WAY
City-State-Zip:	HOLLYWOOD FL 33024	City-State-Zip:	HOLLYWOOD FL 33024

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** GUY SAVA

**PRES**

**04/27/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date