

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2008 8:00 am
Secretary of State

03-04-2008 90019 033 ***150.00

DOCUMENT # 638938

1. Entity Name
COMMERCIAL MANAGEMENT CORP.



Principal Place of Business

4800 N. FEDERAL HWY
209-A
BOCA RATON, FL 33431 US

Mailing Address

4800 N. FEDERAL HWY.
209-A
BOCA RATON, FL 33343 US

2. Principal Place of Business - No P.O. Box #
4737 N. OCEAN DR.

3. Mailing Address
4737 N. OCEAN DR.

Suite, Apt. #, etc.
219

Suite, Apt. #, etc.
219

City & State

FT. LAUDERDALE, FL

City & State

FT. LAUDERDALE, FL

Zip
33308

Country
USA

Zip
33308

Country
USA

02142008 Chg-P CR2E034 (12/06)

4. FEI Number
59-1836726

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GERALD A. URBANEK
4800 N. FEDERAL HWY
#209A
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
4737 N. OCEAN DR.

219

City

FT. LAUDERDALE

FL

Zip Code
33308

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 **GERALD URBANEK** **PRESIDENT**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE **DV** ☐ Delete
NAME **URBANEK, GERALD A.**
STREET ADDRESS **4800 N. FEDERAL HWY., #209-A**
CITY-ST-ZIP **BOCA RATON, FL 33431**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME
STREET ADDRESS **4737 N. OCEAN DR. # 219**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33308**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 **GERALD URBANEK**

2/28/08

Date

Daytime Phone #