

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F13768**

1. Entity Name  
COMMERCIAL COMPUTERS, INC.



Principal Place of Business

7875 N.W. 12 STREET  
#120  
MIAMI, FL 33126

Mailing Address

7875 N.W. 12 STREET  
#120  
MIAMI, FL 33126

**DO NOT WRITE IN THIS SPACE**



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-2055362

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

WILLENSKY, HARVEY  
7 N HIBISCUS DR.  
MIAMI BEACH, FL 33139

**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 HARVEY WILLENSKY - PRESIDENT 01-19-2004  
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-instating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WILLENSKY, HARVEY
STREET ADDRESS	7875 N.W. 12 STREET
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	D
NAME	WILLENSKY, MARJORIE
STREET ADDRESS	7875 N.W. 12 STREET
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000012133  
01/23/04-80065-014 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-20-04 305-593-2300  
Date Daytime Phone #