


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # K11123 1. Entity Name COMMERCIAL NETWORK, INC.	
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Principal Place of Business % ORLANDO ACEVEDO 3781 W. 18TH AVE. HIALEAH, FL 33012	Mailing Address % ORLANDO ACEVEDO 3781 W. 18TH AVE. HIALEAH, FL 33012
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DO NOT WRITE IN THIS SPACE

02052008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0021599	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

ACEVEDO, ORLANDO
3781 W. 18TH AVE.
HIALEAH, FL 33012

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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

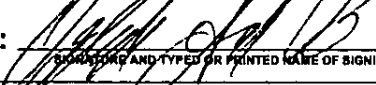
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000921779 02/19/08-90040-023 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ACEVEDO, ORLANDO 3781 W. 18TH AVE. HIALEAH, FL 33012
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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:  DATE: 2-5-08 DAYTIME PHONE #