

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000049315

FILED
Apr 04, 2007
Secretary of State

Entity Name: COMMERCIAL SOLUTIONS 2004, LLC

Current Principal Place of Business:

4535 NW 97TH COURT
MIAMI, FL 33178

New Principal Place of Business:

5902 NW 113 PLACE
MIAMI, FL 33178

Current Mailing Address:

4535 NW 97TH COURT
MIAMI, FL 33178

New Mailing Address:

5902 NW 113 PLACE
MIAMI, FL 33178

FEI Number: 20-4868896

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOMEZ DE LA VEGA, MARIA
4535 NW 97TH COURT
MIAMI, FL 33178 US

Name and Address of New Registered Agent:

GOMEZ DE LA VEGA, MARIA
5902 NW 113 PLACE
MIAMI, FL 33178 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: MARIA GOMEZ DE LA VEGA

04/04/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MARTINEZ, ULISES
Address: 5902 NW 33 PLACE
City-St-Zip: DORAL, FL 33178

Title: MGRM () Delete
Name: NICOLI, CLAUDIO
Address: 5902 NW 33 PLACE
City-St-Zip: DORAL, FL 33178

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MARTINEZ, ULISES
Address: 5902 NW 113 PLACE
City-St-Zip: DORAL, FL 33178

Title: MGRM (X) Change () Addition
Name: HECTOR, GONZALEZ
Address: 5902 NW 113 PLACE
City-St-Zip: DORAL, FL 33178

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ULISES MARTINEZ

MGRM

04/04/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date