2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 26, 2004 8:00 am Secretary of State DOCUMENT # L14588 1. Entity Name 04-26-2004 90556 039 ***158.75 UNISTATES COMMERCIAL OF FLORIDA, INC. Principal Place of Business Mailing Address 8601 NW 34 PL 1696 S 22ND AVE HOLLYWOOD FL 33-3020 SUNRISE FL 33351 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1 MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0147992 Not Applicable Zin Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SALAMA, NASSER Y Street Address (P.O. Box Number is Not Acceptable) 8601 NW 34 PL #102A SUNRISE FL 33351 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PDS TITLE ☐ Delete TITLE Change ☐ Addition NAME SALAMA, NASSER Y NAME STREET ADDRESS 8601 NW 34 PL #102A STREET ADDRESS CITY-ST-ZIP SUNRISE FL 33351 CITY-ST-7IP VPTD TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME SALAMA, NASSER Y NAME STREET ADDRESS 8601 NW 34 PL #102A STREET ADDRESS CITY-ST-ZIP SUNRISE FL 33351 CITY-ST-ZIP TITLE VD ☐ Delete TITLE ☐ Change ☐ Addition NAME SALAMA, NASSER Y NAME STREET ADDRESS 8601 NW 34 PL #102A STREET ADDRESS CITY-ST-ZIP SUNRISE FL 33351 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED

04,21.05 (954)2966194
Date Date Davisor Phone #