

FILED
Feb 18, 2005 08:00 AM
Secretary of State

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L26486

1. Entity Name
COMMERCE POINTE, INC.

Principal Place of Business: 2045 N E 197 TERR STE 100 N MIAMI BEACH, FL 33179
 Mailing Address: 2045 N E 197 TERR STE 100 N MIAMI BEACH, FL 33179

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State
 Zip: Country Zip: Country

4. FEI Number: 05-0162731
 5. Certificate of Status Desired: 05.75 Addition of Fee Required

6. Name and Address of Current Registered Agent: **MAGADOV, ALBERT**
 450 N. PARK ROAD
 SUITE 801
 HOLLYWOOD, FL 33021

7. Name and Address of New Registered Agent: Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: **FL** 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: _____ DATE: _____

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
DP	DALPEN, MANUEL	2475 MAJOR ST LAURENT, QUEBEC, CA		<input type="checkbox"/>	<input type="checkbox"/>
DV	REMER, AARON	14 PLOUCCOMMERCE, #425 NUNS ISLAND, QUEBEC, CA		<input type="checkbox"/>	<input type="checkbox"/>
SD	BRATTN, MILAN	14 PL DU COMMERCE, #425 NUNS ISLAND, QUEBEC, CA		<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (11)

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(b), Florida Statute. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature and name 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 the employees.

SIGNATURE: *Milan Brattin* DATE: **MILAN BRATTIN 02-15-05**