


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90120 027 ***150.00

DOCUMENT # L26486 1. Entity Name COMMERCE POINTE, INC.	
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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
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DO NOT WRITE IN THIS SPACE



03022006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0162731	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

MAGADOV, ALBERT
 450 N. PARK ROAD
 SUITE 601
 HOLLYWOOD, FL 33021

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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	DP DALFEN, MANUEL 2475 MAJOR ST LAURENT, QUEBEC, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV REMER, AARON 300 RUE BERGÉ DU CAVAL 14 PL DU COMMERCE, #425 SUITE 316 MUNS ISLANE, QUEBEC, CA LACHUNE, QUE H8R 1H3
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRATTN, MILAN 300 RUE BERGÉ DU CAVAL 14 PL DU COMMERCE, #425 SUITE 316 MUNS ISLANE, QUEBEC, CA CANADA H8R 1H3
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Milley Brattin DATE: MAR 28, 06 DAYTIME PHONE #: 305-925-1900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR