

**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.**



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**



03022006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0162731**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	DP
NAME	DALFEN, MANUEL
STREET ADDRESS	2475 MAJOR
CITY-ST-ZIP	ST LAURENT, QUEBEC, CA
TITLE	DV
NAME	REMER, AARON
STREET ADDRESS	14 PL DU COMMERCE, #425
CITY-ST-ZIP	NUNS ISLAND, QUEBEC, CA
TITLE	SD
NAME	BRATTN, MILAN
STREET ADDRESS	14 PL DU COMMERCE, #425
CITY-ST-ZIP	NUNS ISLAND, QUEBEC, CA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MARCH 8, 06**

Date

**305-925-1900**

Daytime Phone #