

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007 08:00 AM
Secretary of State

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**

FAXED
MAR 13 2007



03072007 No Chg-P GR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. Fil Number **85-0182731** 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 if so appropriate

(NOTE: Registered Agent signature required when changing)

DATE

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 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	300 RUE BERGE DV CANAL SUITE 318
CITY-ST-ZIP	LACHNE, QUEBEC, CA 148143
TITLE	SD
NAME	BRATTN, MILAN
STREET ADDRESS	300 RUE BERGE DV CANAL SUITE 318
CITY-ST-ZIP	LACHNE, QUEBEC, CA 148143
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000674185
 03/29/07-80080-011 150.00

**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 officer-like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-07

Date:

Daytime Phone:

305-935-0000