2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L99000002822

1. Entity Name
COMMERCIAL ELECTRONICS, L.L.C.

Principal Place of Business	Mailing Address
5209 NW 74 AVE 200 A MIAMI, FL 33166	5209 NW 74 AVE 200 A MIAMI, FL 33166

DO NOT WRITE IN THIS SPACE

02082006No Chg-LLC CR2E083 (11/05)

4. FEI Number
65-0919791
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

OVIEDO, LUIS H
5209 NW 74 AVENUE # 200A
MIAMI, FL 33166

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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 _____ FEB 9 2006
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

100000044284
03/07/06-80037-006 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	OVIEDO, CARLOS H
STREET ADDRESS	5209 NW 74 AVENUE #200 A
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	MGRM
NAME	OVIEDO, JOHN S
STREET ADDRESS	5209 NW 74 AVENUE #200 A
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	MGRM
NAME	OVIEDO, JUAN D
STREET ADDRESS	5209 NW 74 AVENUE #200 A
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	MGRM
NAME	OVIEDO, LUIS H
STREET ADDRESS	5209 NW 74 AVENUE #200 A
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	MGRM
NAME	OVIEDO, GLORIA
STREET ADDRESS	5209 NW 74 AVENUE #200 A
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Gloria Oviedo 02-14-06 305-477-8050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #