# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 16, 2007 08:00 A**
**Secretary of State**

ACCOUNTS PAYABLE DEPT.

2007 FEB 12 P 4:33

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DOCUMENT # M17400

1. Entity Name
COMMERCEBANK HOLDING CORPORATION

| Principal Place of Business | Mailing Address |
|---|---|
| 220 ALHAMBRA CIRCLE<br>CORAL GABLES, FL 33134 | 220 ALHAMBRA CIRCLE<br>CORAL GABLES, FL 33134 |

**DO NOT WRITE IN THIS SPACE**

01082007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0032379

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CTC MANAGEMENT SERVICES, LLC
220 ALHAMBRA CIRCLE
11TH FLOOR
CORAL GABLES, FL 33134

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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, 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 | CD |
| NAME | MARTURET, GUSTAVO |
| STREET ADDRESS | 220 ALHAMBRA CIRCLE |
| CITY-ST-ZIP | MIAMI, FL 33134 |
| TITLE | D |
| NAME | WILSON, MILLAR |
| STREET ADDRESS | 1307 CAMPO SANO AVE. |
| CITY-ST-ZIP | CORAL GABLES, FL 33146 |
| TITLE | D |
| NAME | COBO, JUAN S |
| STREET ADDRESS | 16530 SW 104TH AVE |
| CITY-ST-ZIP | MIAMI, FL 33157 |
| TITLE | D |
| NAME | VILLAMIL, JOSE ANTONIO |
| STREET ADDRESS | 2655 LEJEUNE ROAD, SUITE 608 |
| CITY-ST-ZIP | CORAL GABLES, FL 33134 |
| TITLE | D |
| NAME | KRAYENBUEHL, THOMAS E |
| STREET ADDRESS | 220 ALHAMBRA CIRCLE |
| CITY-ST-ZIP | MIAMI, FL 33134 |
| TITLE | DP |
| NAME | VILLAR, GUILLERMO |
| STREET ADDRESS | 220 ALHAMBRA CIRCLE |
| CITY-ST-ZIP | CORAL GABLES, FL 33134 |

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**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:** _____ 1/12/2007 (305) 460-8619
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #