

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00168

**FILED**  
**Mar 03, 2010**  
**Secretary of State**

**Entity Name:** COMMERCE CENTER ASSOCIATION, INC

**Current Principal Place of Business:**

1089 SUNSET STRIP  
SUNRISE, FL 33313

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 190363  
FORT LAUDERDALE, FL 33319

**New Mailing Address:**

**FEI Number:** 59-2346950

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CARTER, IAN S  
1089 SUNSET STRIP  
SUNRISE, FL 33313 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: CARTER, IAN S  
Address: PO 190363  
City-St-Zip: FORT LAUDERDALE, FL 33319

Title: STD  
Name: CARTER, LILIA  
Address: PO BOX 190363  
City-St-Zip: FORT LAUDERDALE, FL 33319

Title: D  
Name: JACOBS, DR. JON  
Address: 1085 SUNSET STRIP  
City-St-Zip: SUNRISE, FL 33313

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: IAN S. CARTER

PD

03/03/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date