FILED Apr 30, 2008 8:00 am Secretary of State

2008	NO.	T-FO	R-F	PRO	FIT	COF	RPO	RATI	ON
		AN	NU	AL	REF	OR	T		

1. Entity Nam	MEN 1 # N0400000 DGE II COMMERCE CENT ATION, INC.			04-30-2008 90	0157 004 ***	**61.25			
Principal Plac 3485 HIGH F BOYNTON BI		1475 W CYI 202	Mailing Address 1475 W CYPRESS CREEK RD 202 FORT LAUDERDALE, FL 33309			ITH 1888 1811 1811 1811	HAR (IIII erie i bait br	 	
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Ad	dress	·					
Suite, Apt.	#, etc.	Suite, Apt	Suite, Apt. #, etc.			ng-NP CR2	E037 (12/06)		
City & Stat	e	City & State			4. FEI Number 56-245417	FEI Number Applied F 56-2454171 Not Applie			
Zip	Country	Zip	Co	untry	5. Certificate of Status Desired See Required			litional	
	6. Name and Address of Curren	t Registered Age	nt		7. Name and Add	ress of New Register			
	ORATION SYSTEM			Name					
	TH PINE ISLAND ROAD ION, FL 33324			Street Address (P.O. Box Number is Not Acceptable)					
				City FL Zip Code					
the obligat	named entity submits this statement fi ions of registered agent.	or the purpose of	changing its register	red office or register	red agent, or both, in	the State of Florida. I	am familiar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agen	it and title if applicable.	(NOTE: Register	ed Agent signature required	d when reinstating)	DA	TE		
	Filing Fee is \$61.25 Due by May 1, 2008	Financing tion.	\$5.00 May Be Added to Fees		neck payable to partment of St				
10.	OFFICERS AND D		11.				, IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NEFF, MARYANN 3475 HIGH RIDGE RD UNIT 2-25 STRI			ESEC. AE EET ADORESS 7-ST-ZIP	3495 Hig	y Gold h Ridge Road each, FL. 33426	e 5	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HARRIS, ANDREW 27 ECHO LANE MELVILLE, NY 11747			· i	·		- E	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RUBIN, RONEN R 2634 NW 49TH STREET BOCA RATON, FL 33434			-			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUBIN, RONEN R 2634 NW 49TH STREET BOCA RATON, FL 33434						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				-			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							☐ Change	Addition	
12. I hereby of indicated of the cor changed,	certify that the information supplied wit on this report or supplemental report in poration or the receiver or trustea emp- or on an attachment with an address.	h this filing does not be and accurate with all other like	tot qualify for the ex- te and that my signar phis report as requirempowered.	emptions contained ture shall have the s ired by Chapter 617	same legal effect as il 7, Florida Statutes; and	made under oath; that that my name appea	certify that the in at I am an officer ars in Block 10 or	formation or director Block 11 if	
SIGNAT	URE:SIGNATURE AND TYPED OR	BRINTED NAME OF SIG	INING OFFICER OR DIREC	JAY GOL	D 4-1	/ <u>/-08</u>	954-2-7 Daytime Phone #	10-3/68	