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Apr 29, 2004 8:00 am
Secretary of State
04-29-2004 90222 037 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000009910

1. Entity Name
COMMERTEX, INC.

94071214

Principal Place of Business	Mailing Address
520 BRICKELL KEY DRIVE #815 MIAMI, FL 33131	520 BRICKELL KEY DRIVE #815 MIAMI, FL 33131

04262004 Chg-P CR2EC034 (10/03)

2. Principal Place of Business	3. Mailing Address
17050 N. Bay Rd. #1006	17050 N. Bay Rd. #1006
Suite, Apt. #, etc.: # 1006	Suite, Apt. #, etc.: # 1006
City & State: SUNNY Isle Beach, FL	City & State: SUNNY Isle Beach, FL
Zip: 33160 Country: USA	Zip: 33160 Country: USA

4. FEI Number: 65-0961984 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SAADE, LAILA A
520 BRICKELL KEY DRIVE #815
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name: SAADE - LAILA - A
Street Address (P.O. Box Number is Not Acceptable): 17050 N. Bay Rd. #1006
City: SUNNY Isle Beach FL Zip Code: 33160

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: _____ (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SAADE, LAILA A 520 BRICKELL KEY DRIVE #815 MIAMI, FL 33131	☐ Delete	PD SAADE, LAILA A 17050 N. BAY Rd. #1006 SUNNY ISLE BEACH, FL. 33160	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #