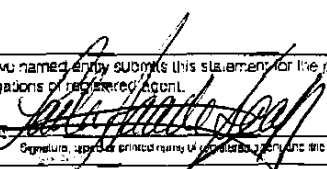
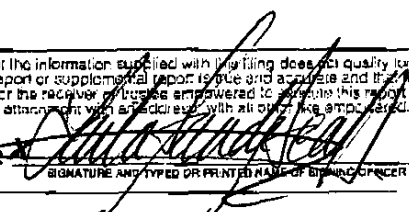


FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90222 037 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P00000009910			
1. Entity Name COMMERTEX, INC.			
Principal Place of Business 520 BRICKELL KEY DRIVE #815 MIAMI, FL 33131		Mailing Address 520 BRICKELL KEY DRIVE #815 MIAMI, FL 33131	
2. Principal Place of Business 17050 N. Bay Rd. #1006 Suite, Apt. #, etc. #1006 City & State SUNNY ISLE BEACH, FL Zip 33160 Country USA		3. Mailing Address 17050 N. Bay Rd. #1006 Suite, Apt. #, etc. #1006 City & State SUNNY ISLE BEACH, FL Zip 33160 Country USA	
4. FEI Number 65-0961984		☐ Additional Fee Required \$8.75	
5. Certificate of Status Desired ☐		☐ Additional Fee Required \$8.75	
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 signature required when renewing)	
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 ☐ Delete SAADE, LAILA A 520 BRICKELL KEY DRIVE #815 MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ☒ Change ☐ Addition SAADE, LAILA A 17050 N. Bay Rd. #1006 SUNNY ISLE BEACH, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 prepare 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 empowers.			
SIGNATURE: 		Date _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Typed Name: _____	

94071214



04262004 Chg-P CR2EC34 (10/03)