2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**



FILED Apr 21, 2003 8:00 am Secretary of State

04-21-2003 90436 041 ***158.75

DOCUMENT #	P00000011166	
PEACOCK COMMERCE	ASSOCIATES, INC.	

Principal Place of Business 11161 HERON BAY BLVD., #4316 CORAL SPRINGS FL 33076

Mailing Address

11161 HERON BAY BLVD., #4316 CORAL SPRINGS FL 33076

2 Principal F	Place of Busin	Acc	3. Mailing Address 53	1	C	Bank	_					#111 0 1 111 1 20 1	
5350	Grand		U. Mailing Address		3 1000	Blue	•						
Suite, Apt. #, etc. Greenacres Greenacres					CHECK HERE IF MAKING CHANGES								
City & Sta			City & State				4. FEI Number 65-0980475 Applied For Not Applica					pplied For ot Applicable	
3346	.3	Country	Zip Country 33 46 3				5. Certificate of Status Desired \$8.75 Additional Fee Required						
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent						
ROBILIO, JOHN A					Name Street Address (P.O. Box Number is Not Acceptable) 5350 Grand Sanks Blvd								
11161 HE	RON BAY B	LVD., #4316			53	57)	CCC	unider is iv	Acceptable	Š (ろししく	1	
CORAL SPRINGS FL 33076					5350 Grand Banks Blva								
CONAL SI	FRINGS FL	55010			Greenacres								
					City FL Zip Code 33463								
8. The above	e named entity	submits this statement for	the purpose of changing its	registere	ed office or	registere	ed agent, c	or both, in t	he State of FI	lorida. I am	familiar with,	and accept	
the obliga	tions of registe	ered agent.											
0101417117													
SIGNATURE	Signature, typed o	or printed name of registered agent an	d title if applicable. (NOTE	: Registered	d Agent signatu	re required v	when reinstatin	19)		DATE			
	ILE NOW!!	! FEE IS \$150.00		· · · · · · · · · · · · · · · · · · ·		-	1						
		3 Fee will be \$550.00					9		Campaign Fi			00 May Be	
		Florida Department of	State					Trust Fur	nd Contribution	on. L	J Added	to Fees	
10.	-	OFFICERS AND D	IRECTORS	11.			ADDITIC	ONS/CHAN	IGES TO OF	FICERS AND	DIRECTOR	S INI 11	
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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.

CITY-ST-ZIP

SIGNATURE: