


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90384 032 ***158.75

DOCUMENT # P0000082238 1. Entity Name COMERCIALICE.COM CORP.			
Principal Place of Business 7925 NW 12TH STREET SUITE 318 MIAMI, FL 33126		Mailing Address 7925 NW 12TH STREET SUITE 318 MIAMI, FL 33126	
2. Principal Place of Business 2040 NE 163 Street Suite, Apt. #, etc. Suite # 308 City & State North Miami Beach FL		3. Mailing Address 2040 NE 163 Street Suite, Apt. #, etc. Suite # 308 City & State North Miami Beach, FL	
Zip 33162		Country USA	
4. FEI Number 65-1036950		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ARISTIZABAL, FRANCISCO E 7925 NW 12TH STREET SUITE 318 MIAMI, FL 33126		7. Name and Address of New Registered Agent Name MARTHA H. Arias Ayala Street Address (P.O. Box Number is Not Acceptable) 2040 NE 163 Street Suite # Suite # 308 City North Miami Beach FL Zip Code 33162	
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 <u><i>Martha H. Arias Ayala</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u><i>04/30/04</i></u>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PVST <input type="checkbox"/> Delete NAME ARISTIZABAL, FRANCISCO E STREET ADDRESS 7925 NW 12TH STREET #318 CITY-ST-ZIP MIAMI, FL 33126	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.			
SIGNATURE: <u><i>Martha H. Arias Ayala</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date		Daytime Phone #	