


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2004 8:00 am**  
**Secretary of State**


04-09-2004 90052 022 \*\*\*150.00

<b>DOCUMENT # P00000085301</b>		
1. Entity Name <b>COMMERCIAL INVESTMENT TRUST CORP.</b>		

Principal Place of Business <b>13499 BISCAYNE BLVD MIAMI, FL 33181</b>	Mailing Address <b>3298 NW 169 TERR MIAMI, FL 33056</b>
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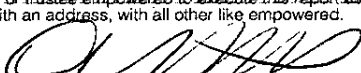
2. Principal Place of Business <b>1031 Eves Dairy Rd Suite, Apt. #, etc. 132 City &amp; State Miami, FL Zip 33179</b>	3. Mailing Address <b>Suite, Apt. #, etc. City &amp; State Zip Country</b>
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6. Name and Address of Current Registered Agent <b>WILLIAMS, ANARITA 3298 NW 169 TERR MIAMI, FL 33056</b>		7. Name and Address of New Registered Agent <b>Name ARGERINE WILLIAMS Street Address (P.O. Box Number is Not Acceptable) 3298 NW 169 Terrace City Miami FL Zip Code 33056</b>	
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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: 	DATE: <b>4/7/04</b>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P WILLIAMS, ANARITA 2781 NW 159 STREET MIAMI, FL 33054</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President WILLIAMS, ARGIERINE 3298 NW 169 TERR Miami, FL 33056</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 	DATE: <b>4/7/04</b>