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

2/(

**DOCUMENT #    P01000009445**

1. Entity Name
COMMODITY INVESTMENT GROUP, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 3511 W. COMMERCIAL BLVD. | 3511 W. COMMERCIAL BLVD. |
| SUITE 400 | SUITE 400 |
| FT. LAUDERDALE FL 33309 | FT. LAUDERDALE FL 33309 |

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number  **65-1073571**   Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

ENZINNA, LINDA
3511 W. COMMERCIAL BLVD.
SUITE 400
FT. LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City                                FL    Zip Code

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 _____

Signature, typed or printed name of registered agent and title if applicable.    (NOTE: Registered Agent signature required when reinstating)    DATE

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2003 Fee will be $550.00**
**Make Check Payable to Florida Department of State**

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 P | ☐ Delete | TITLE | ☐ Change  ☐ Addition |
| NAME ENZINNA, LINDA | | NAME | |
| STREET ADDRESS 1718 NW 39TH STREET | | STREET ADDRESS | |
| CITY-ST-ZIP FORT LAUDERDALE FL 33309 | | CITY-ST-ZIP | |
| TITLE VP | ☐ Delete | TITLE | ☐ Change  ☐ Addition |
| NAME KIRKNEY, MICHAEL | | NAME | |
| STREET ADDRESS 116 LAKE EMERALD DRIVE 204 | | STREET ADDRESS | |
| CITY-ST-ZIP FORT LAUDERDALE FL 33309 | | CITY-ST-ZIP | |
| TITLE | ☐ Delete | TITLE | ☐ Change  ☐ Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | ☐ Delete | TITLE | ☐ Change  ☐ Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | ☐ Delete | TITLE | ☐ Change  ☐ Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | ☐ Delete | TITLE | ☐ Change  ☐ Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

CR2E034 (10/02)

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #

2/19/03