2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 27, 2004 8:00 am
Secretary of State

04-26-2004 91074 001 *****8.75
04-26-2004 91074 002 ***150.00

MOORE CR2E034 (11/03)

DOCUMENT # P01000035366

1. Entity Name
COMMERCIAL CLUB, INC.

Principal Place of Business	Mailing Address
1631 W 38 PL #1503-A HIALEAH FL 33012	1631 W 38 PL #1503-A HIALEAH FL 33012

2. Principal Place of Business	3. Mailing Address
1631 W 38 Place	1631 W 38 Place
Suite, Apt. #, etc. 1503-A	Suite, Apt. #, etc. 1503-A
City & State Hialeah FL.	City & State Hialeah FL.
Zip 33012 Country USA	Zip 33012 Country USA

4. FEI Number 65-0688856 ☐ Applied For ☐ Not Applicable

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
LOBAINA, HIPOLITO D 1631 W 38 PL #1503-A HIALEAH FL 33012	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 ______ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 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 PTD NAME LOBAINA, HIPOLITO D STREET ADDRESS 1631 W 38 PL #1503-A CITY-ST-ZIP HIALEAH FL 33012	☑ Delete	LOBAINA HIPOLITO 1631 W 38 PL #1503-A (ALTOS) Hialeah FL 33012	☐ Change ☑ Addition
TITLE VSD NAME LOBAINA, MARIA STREET ADDRESS 1631 W 38 PL #1503-A CITY-ST-ZIP HIALEAH FL 33012	☑ Delete	LOBAINA MARIA 1631 W 38 PL. #1503-A- Hialeah FL. 33012	☐ 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 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] April 24/04 (305)884 5597
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #