


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90859 001 \*\*\*300.00

**DOCUMENT # P01000114421**

1. Entity Name  
**COMMERCE CREDIT CORPORATION**



Principal Place of Business      Mailing Address  
**8370 WEST FLAGLER STREET STE 234**      **8370 WEST FLAGLER STREET STE 234**  
**MIAMI, FL 33144-2040**      **MIAMI, FL 33144-2040**

**66418223**



2. Principal Place of Business      3. Mailing Address  
**9600 NW 25 STREET**      **P.O. Box 226216**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**Suite 3E**

04292004      Chg-P      CR2E034 (10/03)

City & State      City & State  
**Miami FL**      **Miami FL**

4. FEI Number      Applied For  
**65-1158935**      Not Applicable

Zip      Country      Zip      Country  
**33172**      **U.S.A.**      **33122**      **U.S.A.**

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
<b>MENDEZ, EDUARDO J</b> <b>5440 SW 133RD COURT</b> <b>MIAMI, FL 33175-6149</b>	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State      Zip Code <b>FL</b>

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**

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	DPS	<input checked="" type="checkbox"/> Delete	TITLE	PSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MENDEZ, EDUARDO J		NAME	Suarez Cynara	
STREET ADDRESS	5440 SW 133RD COURT		STREET ADDRESS	9956 NW 51 Terrace	
CITY-ST-ZIP	MIAMI, FL 331756149		CITY-ST-ZIP	Miami FL 33178	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Cynara Suarez      4-29-04      305-436-1420  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #