## ا حی

## 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## DOCUMENT # P02000039718

1. Entity Name

4600 COMMERCE CENTER, INC.



FILED Feb 11, 2008 08:00 Al Secretary of State

Principal Place of Business 921 HILLSBORO MILE HILLSBORO BEACH FL 33062		Mailing Address 921 HILLSBORO MILE HILLSBORO BEACH F			
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E034 (10/07)	
City & State		City & State		4. FEI Number 03-0434049 Applied Fo	
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required	***************************************
	6. Name and Address of Cur	rent Registered Agent		7. Name and Address of New Registered Agent	
MOOA DTV MOULA DD D			Name		
MCCARTY, RICHARD D 921 HILLSBORO MILE HILLSBORO BEACH FL 33062		62	Street Addr	ress (P.O. Box Number is Not Acceptable)	
			City	FL Zip Code	
the obligat	ions of registered agent.	ant for the purpose of changing its	! s registered office or reg	gistered agent, or coth, in the State of Florida. I am familiar with, and acc	ept
SIGNATURE	Signature, typed or printed hearing all nugristered	ngent and the flampicable. (NO)	E. Registiried Agent algoriture o	equired when contraling) DATE	
After After	ME NOWILL FEE IS \$150.00 May 1, 2008 Fee Will Be \$55 Repartine	0.00		9. Election Campaign Financing \$5.00 May Trust Fund Contribution  Added to Fee	
10.	OFFICERS /	AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	☐ Derete	TITLE	☐ Change ☐ Add	ition
NAME STREET ADDRESS	MCARTY, RICHARD D		NAME		
STREET ADDRESS CITY-ST-ZIP	921 HILLSBORO MILE HILLSBORO BEACH FL 33062	ı	STREET ADDRESS CITY-ST-ZIP		
TITLE		De ete	TITLE	UNANNAR23714 □ Change □ Add	ition
NAME			NAME	U00000823714 □ Change □ Add 02/20/08-80049-013 150.00	131-201
STREET ADDRESS			STREET ADDRESS	<b>Wall W W W W W W W W W W</b>	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		Delete	LUITE	Change Add	ition
NAME STREET ADDRESS			NAME STREET ADDRESS		
CITY-SI-ZIP			GITY-ST-ZIP		
TITLE		☐ De-ete	TITLE	☐ Change ☐ Add	ilion
NAME		00 til	NAME	المنا ليبيا كالمناف المناف	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Deiele	TITLE	☐ Change ☐ Add	ition
HAME			NAME		
STREET ADDRESS GITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
			-	[] (h	ik a a
TITLE NAME		☐ Deiele	TITI.E NAME	☐ Change ☐ Add	HIOU
STREET ADDRESS			STREET ADDRESS		
			<b>=</b>		
CITY - ST - ZIP			CITY-ST-ZIP		

Thereby certify that the morrhader subprise with this litting does not quality for the exemptions contained in Section 119, Fichida Statutes 1 further certify that he indirected on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under each; that I am an efficer 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/04/08

954-841-3485