

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 16, 2004 8:00 am
Secretary of State

06-16-2004 90011 046 ***150.00

DOCUMENT # P02000043187					
1. Entity Name COMMERSSERVICE, INC.					
Principal Place of Business 753 NW 103 TERR #202 BLDG 8 PEMBROKE PINES, FL 33026			Mailing Address 753 NW 103 TERR #202 BLDG 8 PEMBROKE PINES, FL 33026		
2. Principal Place of Business 10600 N.W. 6 St			3. Mailing Address 10600 N.W. 6 St		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Pembroke Pines FL			City & State Pembroke Pines FL		
Zip 33026			Zip 33026		
Country U.S.A			Country U.S.A		
4. FEI Number 76-0735890			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MORENO, MARIA A 4277 SW 153 PL MIAMI, FL 33185			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS					
TITLE	P	Delete	TITLE	Delete	Delete
NAME	SUAREZ, FABIO		NAME		
STREET ADDRESS	753 NW 103 TERR #202 BLDG 8		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES, FL 33026		CITY-ST-ZIP		
TITLE	TS	Delete	TITLE	Delete	Delete
NAME	VASQUEZ, FABIOLA		NAME		
STREET ADDRESS	753 N.W. 103 TERR. #202, BLDG. 8		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES, FL 33026		CITY-ST-ZIP		
TITLE		Delete	TITLE	Delete	Delete
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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TITLE		Delete	TITLE	Delete	Delete
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE		Delete	TITLE	Delete	Delete
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		Delete	TITLE	Delete	Delete
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		Delete	TITLE	Delete	Delete
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: <i>[Signature]</i>			June 6th 2004 (954) 295 8103		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

54057555



05252004 Chg-P CR2E034 (10/03)



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

May 25, 2004

COMMERSERVICE, INC.
10600 NW 6TH ST.
PEMBROKE PINES, FL 33026

SUBJECT: COMMERSERVICE, INC.
Ref. Number: P02000043187

We have received your document for COMMERSERVICE, INC. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

The form submitted is not suitable for archiving. Please complete the enclosed form and return to our office.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Eula Peterson
Document Specialist

Letter Number: 904A00036623