

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 08, 2005 8:00 am**  
**Secretary of State**

09-08-2005 90065 033 \*\*\*150.00

**DOCUMENT # P02000062687**

1. Entity Name  
CONGRESS COMMERCE CENTER, INC.



Principal Place of Business  
601 N. CONGRESS AVENUE  
SUITE 431  
DELRAY BEACH, FL 33445

Mailing Address  
601 N. CONGRESS AVENUE  
SUITE 431  
DELRAY BEACH, FL 33445

**DO NOT WRITE IN THIS SPACE**



08292005 No Chg-P CR2E034 (10/03)

4. FEI Number  
22-3863777

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

COURCHENE, GILLES  
601 N. CONGRESS AVENUE  
SUITE 431  
DELRAY BEACH, FL 33445

**DO NOT WRITE  
IN THIS SPACE**

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 \$550.00**  
**Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
COURCHENE, GILLES  
1101 S ROGER CIRCLE STE 7  
BOCA RATON, FL 33487

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

50062413  
# P09 000062687



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
Glenda E. Hood  
DIVISION OF CORPORATIONS  
P.O. Box 6327  
Tallahassee, Florida 32314

First-Class Mail  
U.S. Postage  
**PAID**  
State of Florida  
84321

## NOTICE OF INTENT TO DISSOLVE

0157806 01 AV 0.176 \*\*AUTO T1 1 1203 33445-484106



CONGRESS COMMERCE CENTER, INC.  
601 N CONGRESS AVE STE 431  
DELRAY BEACH FL 33445-4641

**OPTION 3 - *Receive a form by mail* - Allow up to 28 days total processing time.**

- Detach this postcard.
- Enter address to mail report to, if different from preprinted address.
- Affix postage on reverse side and mail.

Document #

P02000062687

CONGRESS COMMERCE CENTER, INC.  
601 N CONGRESS AVE STE 431  
DELRAY BEACH FL 33445-4641

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CR2E095-2nd 03/05

# ATTACHMENT

The Lipson Professional Group, Inc.  
1515 University Drive Ste 222  
Coral Springs, Florida 33071  
954-755-4405 Bus  
954-344-3694 Fax

50062413  
# P0200062687

August 29, 2005

Department of State  
Division of Corporations  
P.O. Box 6198  
Tallahassee, Florida 32314

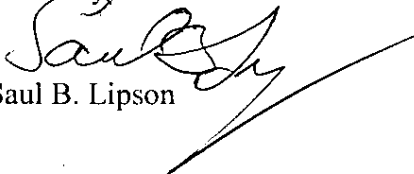
Re: Congress Commerce Center, Inc.  
601 N. Congress Avenue Ste 431  
Delray Bch, Florida 33445  
EIN # 22-3863777

To Whom It May Concern,

The above taxpayer never received the 2005 Annual Report for renewal. Therefore this has created the report to be filed late. Please find enclosed a check for \$150.00 to bring this Annual filing current. Please abate all penalties.

Thank you for your prompt attention to this matter.

Sincerely,

  
Saul B. Lipson