

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000024206

FILED
May 02, 2005
Secretary of State

Entity Name: COMMERCIAL AND MEDICAL ENTERPRISES, INC.

Current Principal Place of Business:

12840 NW 18 CT
PEMBROKE PINES, FL 33028

New Principal Place of Business:

Current Mailing Address:

12840 NW 18 CT
PEMBROKE PINES, FL 33028

New Mailing Address:

FEI Number: 86-1053801

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABRAMSON, EDWARD J
7270 NW 12 ST STE 580
MIAMI, FL 33126 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MEDINA, FERNANDO
Address: 19390 COLLINS AVE STE 521
City-St-Zip: SUNNY ISLES, FL 33160

Title: V () Delete
Name: XIMENA MENDEZ, JOHANNA
Address: 19390 COLLINS AVE STE 521
City-St-Zip: SUNNY ISLES, FL 33160

Title: S () Delete
Name: RESTREPO, PIEDAD
Address: 19390 COLLINS AVE STE 521
City-St-Zip: SUNNY ISLES, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FERNANDO MEDINA

P

05/02/2005

Electronic Signature of Signing Officer or Director

Date