

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000117460

1. Entity Name
FIRST COMMERCIAL HOLDINGS GROUP
CORPORATION



Principal Place of Business
7900 NW 155TH ST STE 201
MIAMI LAKES, FL 33016

Mailing Address
7900 NW 155TH ST STE 201
MIAMI LAKES, FL 33016



04082005 No Chg-P CR2E034 (10/03)

4. FEI Number
20-0323302

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BEANE, REGINALD E
7900 NW 155TH ST STE 201
MIAMI LAKES, FL 33016

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 \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000305118
04/14/05 80071-000 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME BEANE, REGINALD E
STREET ADDRESS % 7900 NW 155TH ST STE 201
CITY-ST-ZIP MIAMI LAKES, FL 33016

TITLE D
NAME ESPINOSA, LUIS M
STREET ADDRESS % 7900 NW 155TH ST STE 201
CITY-ST-ZIP MIAMI LAKES, FL 33016

TITLE D
NAME CAMBERT, RENE M
STREET ADDRESS % 7900 NW 155TH ST STE 201
CITY-ST-ZIP MIAMI LAKES, FL 33016

TITLE D
NAME CAMILLERI, MICHAEL
STREET ADDRESS % 7900 NW 155TH ST STE 201
CITY-ST-ZIP MIAMI LAKES, FL 33016

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 fee empowers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/11/2005

786-651-3130