2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000157022

1. Entity Name

CSM COMMERCIAL PROPERTIES, INC.



FILED Jan 24, 2007 08:00 AM **Secretary of State**

Principal Place of Business

ATTN: DAVID BABER 4 AIDEN CT.

PALM BEACH GARDENS, FL 33418

Mailing Address

ATTN: DAVID BABER 4 AIDEN CT.

PALM BEACH GARDENS, FL 33418



01172007 DO NOT WRITE IN THIS SPACE

Applied For 4. FEI Number 20-0552049 Not Applicable \$8.75 Additional

5. Certificate of Status Desired

Fee Required

CR2E034 (11/05)

6. Name and Address of Current Registered Agent

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

BABER, DAVID 4 AIDEN CT PALM BEACH GARDENS, FL 33418

DO NOT WRITE IN THIS SPACE

No Chg-P

					THO OF AGE
	named entity submits this statement for the pions of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	f applicable (NOTE Registered	Agent signature	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Finant Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BABER, DAVID 4 AIDEN CT PALM BEACH GARDENS, FL 33418		<u>U</u> 00000599876		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					000000599876 01/25/07-80045-020 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	· ·				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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					