

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90372 015 ***150.00

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03312004 Chg-P CR2E034 (10/03)

DOCUMENT # P04000003072	
1. Entity Name COMMERCIAL NETWORKING SOLUTIONS, INC.	

Principal Place of Business 629 SWEETWATER COVE BLVD. SOUTH LONGWOOD, FL 32779	Mailing Address 629 SWEETWATER COVE BLVD. SOUTH LONGWOOD, FL 32779
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address P.O. Box 915864 Suite, Apt. #, etc.
City & State	City & State Longwood, FL
Zip 32791	Country USA

6. Name and Address of Current Registered Agent TOMASO, RITA M 629 SWEETWATER COVE BLVD. SOUTH LONGWOOD, FL 32779	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: Rita M. Tomaso 4/2/04 407-788-2015
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #