


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90054 040 ***158.75

DOCUMENT # P04000082514	
1. Entity Name COMMERCIAL MARKETING TRADING CORP.	

Principal Place of Business 9600 NW 25TH STREET SUITE 5A MIAMI, FL 33172 US	Mailing Address 9600 NW 25TH STREET SUITE 5A MIAMI, FL 33172 US
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00000411



2. Principal Place of Business 2699 COLLINS AVE. Suite, Apt. #, etc. SUITE 110	3. Mailing Address 2121 PONCE E LEON BLVD. Suite, Apt. #, etc. SUITE 240
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01182005 Chg-P CR2E034 (10/03)

City & State MIAMI BEACH, FL.	City & State CORAL GABLES, FL.
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4. FEI Number 20-2178031	Applied For <input type="checkbox"/> Not Applicable
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Zip 33140	Country	Zip 33134	Country
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent JC SCHWARTZMAN & ASSOCIATES INC 9600 NW 25TH STREET SUITE 5A MIAMI, FL 33172	
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7. Name and Address of New Registered Agent	
Name GABRIEL PRATS	
Street Address (P.O. Box Number is Not Acceptable) 2121 PONCE DE LEON BLVD STE. 240	
City CORAL GABLES	FL Zip Code 33134

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 reinstating) DATE: **01/19/05**

**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**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOSADA, GABRIEL 9600 NW 25TH STREET SUITE 5A MIAMI, FL 33172 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST LOSADA, GABRIEL 2699 COLLINS AVE. STE. 110 MIAMI BEACH, FL. 33140 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **1-18-05** **305-444-8333**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **GABRIEL LOSADA** Daytime Phone #