2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 08:00 A
Secretary of State

DOCUMENT # P04000139286

1. Entity Name
441 COMMERCE CENTER, INC.

Principal Place of Business	Mailing Address
5031 SOUTH STATE ROAD 7 UNIT 301 DAVIE, FL 33314	5031 SOUTH STATE ROAD 7 UNIT 301 DAVIE, FL 33314

DO NOT WRITE IN THIS SPACE

01172006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1722210
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ZACCO, MARIO
5031 SOUTH STATE ROAD 7
UNIT 301
DAVIE, FL 33314

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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: Mario Zacco President
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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000409464
02/08/06-80100-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ZACCO, MARIO
STREET ADDRESS	5031 SOUTH STATE ROAD 7 UNIT 301
CITY-ST-ZIP	DAVIE, FL 33314
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

SIGNATURE: Mario Zacco President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #