2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2007 8:00 am
Secretary of State
07-17-2007 90136 008 ***150.00

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

40125718

07032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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 P. 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
Due by September 14, 2007

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P D
NAME	ZACCO, MARIO
STREET ADDRESS	5031 SOUTH STATE ROAD 7 UNIT 301
CITY-ST-ZIP	DAVIE, FL 33314
TITLE	S
NAME	ZACCO KARON
STREET ADDRESS	2011 sw 70th Ave, A12
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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 July 5 07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

All Florida Commerce Center, Inc.
441 Commerce Center, Inc.

5031 S. State Rd. 7
Davie, Florida 33314
Phone: (954) 587-0964
Fax: (954) 587-0968

P04000139286

July 5th, 2007.

To:
Florida Department of State
Division of Corporations
P.O. Box 6198
Tallahassee, FL 32314

Re: Doc. #P04000139286
2007 Profit Corporation Annual Report

Dear Sirs:

We are sending our ck for the amount of $150.00. We never received the document before.
Please accept this payment and file it timely.

Respectfully

Cristina Cornejo
Bookeepper