

**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
**5031 SOUTH STATE ROAD 7
UNIT 301
DAVIE, FL 33314**

Mailing Address
**5031 SOUTH STATE ROAD 7
UNIT 301
DAVIE, FL 33314**

40125718



DO NOT WRITE IN THIS SPACE

07032007 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**

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

TITLE
NAME **S ZACCO KARON**
STREET ADDRESS **22011 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

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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 507*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

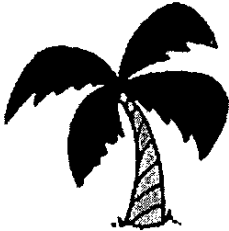
Date

Daytime Phone #

ATTACHMENT

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

40125718



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

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
Bookepper