

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000028047

Entity Name: COMMERCIAL CARES, INC.

**FILED**  
**Jan 25, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

4165 NW 132 ST.  
BAY-I  
MIAMI, FL 33054

**New Principal Place of Business:**

**Current Mailing Address:**

170 NE 128 TERRACE  
MIAMI, FL 33161

**New Mailing Address:**

170 NE 128 TERRACE  
NORTH MIAMI, FL 33161

FEI Number: 20-4383279

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RAMOS, LUIS L  
170 NE 128 TERRACE  
MIAMI, FL 33161 US

**Name and Address of New Registered Agent:**

RAMOS, LUIS L  
170 NE 128 TERRACE  
NORTH MIAMI, FL 33161 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

01/25/2011

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: RAMOS, LUIS L  
Address: 170 NE 128 TERRACE  
City-St-Zip: NORTH MIAMI, FL 330161

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LUIS L RAMOS

PRES

01/25/2011

Electronic Signature of Signing Officer or Director

Date