2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2007
Secretary of State

DOCUMENT# P06000049243

Entity Name: COMMERCE MERCHANT DATA, INC.

Current Principal Place of Business:

8045 NW 36 STREET #535
MIAMI, FL 33166

New Principal Place of Business:

4851 NW 79 AVE
#8
DORAL, FL 33166

Current Mailing Address:

8045 NW 36 STREET #535
MIAMI, FL 33166

New Mailing Address:

11365 NW 42 TERRACE
DORAL, FL 33178

FEI Number: 20-4763120 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BERTRAN, MONICA
8045 NW 36 STREET #535
MIAMI, FL 33166 US

Name and Address of New Registered Agent:

BERTRAN, MONICA RUBIO
11365 NW 42 TERRACE
DORAL, FL 33178 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: MB 05/13/2007
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BERTRAN, MONICA
Address: 8045 NW 36 STREET #535
City-St-Zip: MIAMI, FL 33166

Title: VD ( ) Delete
Name: DELGADO, GILBERT E
Address: 8045 NW 36 STREET #535
City-St-Zip: MIAMI, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BERTRAN, MONICA RUBIO
Address: 4851 NW 79 AVE #8
City-St-Zip: DORAL, FL 33166

Title: VD (X) Change ( ) Addition
Name: DELGADO, GILBERT E
Address: 4851 NW 79 AVE #8
City-St-Zip: DORAL, FL 33166

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MB PD 05/13/2007
Electronic Signature of Signing Officer or Director Date