

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

3/7

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

03-28-2008 90019 048 \*\*\*150.00

<b>DOCUMENT # P06000053863</b> 1. Entity Name <b>CON-COMMERCIAL TWO, INC.</b>					
Principal Place of Business <b>3001 W. HALLANDALE BEACH BLVD. SUITE 300 PEMBROKE PARK, FL 33009</b>			Mailing Address <b>3001 W. HALLANDALE BEACH BLVD. SUITE 300 PEMBROKE PARK, FL 33009</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>JAZAYRI, SAM</b> <b>3001 W. HALLANDALE BEACH BLVD.</b> <b>SUITE 300</b> <b>PEMBROKE PARK, FL 33009</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JAZAYRI, SAM	NAME			
STREET ADDRESS	3001 W. HALLANDALE BEACH BLVD. #300	STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE PARK, FL 33009	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HAMILTON, STEPHEN	NAME			
STREET ADDRESS	3001 W. HALLANDALE BEACH BLVD. #300	STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE PARK, FL 33009	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<div style="display: flex; justify-content: space-between;"> <div> <b>3/24/08</b>  <small>Date</small> </div> <div> <b>(95A) 981-115A</b>  <small>Daytime Phone #</small> </div> </div>			

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03072008 Chg-P CR2E034 (12/06)

4. FEI Number  
**APPLIED FOR** ☒ Applied For ☐ Not Applicable

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