


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 24, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90047 008 \*\*\*150.00

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<b>DOCUMENT # P06000114913</b>					
1. Entity Name <b>CENTRAL FLORIDA COMMERCIAL REAL ESTATE &amp; BUSINESS BROKERAGE, INC.</b>					
Principal Place of Business <b>19632 EAGLES VIEW CIRCLE UMATILLA, FL 32784</b>			Mailing Address <b>19632 EAGLES VIEW CIRCLE UMATILLA, FL 32784</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	4. FEI Number <b>20-5556137</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>CATALDI, ANTHONY 19632 EAGLES VIEW CIRCLE UMATILLA, FL 32784</b>			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b> Zip Code		
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 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS CATALDI, ANTHONY 19632 EAGLES VIEW CIRCLE UMATILLA, FL 32784	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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:**

*Anthony Cataldi* **anthony Cataldi President 4/23/07 352-626-1066**