


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Mar 15, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P93000043303  
 1. Entity Name  
 COMMODITY EXPORTS OF SOUTH FLORIDA, INC.



Principal Place of Business 11801 N.W. 100TH RD. SUITE 8 MEDLEY, FL 33178 US	Mailing Address 11801 N.W. 100TH RD. SUITE 8 MEDLEY, FL 33178 US
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**DO NOT WRITE IN THIS SPACE**



03092004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0420014	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ETAN, MICHELLE  
 2627 OAK PARK CIRCLE  
 DAVIE, FL 33328

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MOHAMMED, HANIFF 2627 OAK PARK CIRCLE DAVIE, FL 33328
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MALONEY, SELWYN % 129 SUB BASE ST. THOMAS, VIRGIN ISLANDS,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ETAN, MICHELLE 2627 OAK PARK CIRCLE DAVIE, FL
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 03/15/04-80051-020 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Michelle Etan MICHELLE ETAN 3-9-04 (888) 333-3333  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #