## 2007 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P94000078961 1. Entity Name FIRST COMMERCIAL REAL ESTATE SERVICES, INC. Principal Place of Business 4601 W. KENNEDY BLVD. SUITE 300 TAMPA, FL 33609 Mailing Address 4601 W. KENNEDY BLVD. SUITE 300 TAMPA, FL 33609 DO NOT WRITE IN THIS SPACE 05042007 No Chg-l 4. FEI Number 59-3294267 5. Certificate of Status Desi

FILED May 07, 2007 08:00 A Secretary of State

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DO NOT WRITE IN THIS SPACE				05042007 4. FEI Numb 59-329	No Chg-P	CR2E034 (11/05)	
	6. Name and Address of Current Reg	Istered Agent		1		Fee Require	rd
TOWSEND, DAVID A ESQUIRE 608 WEST HORATIO STREET TAMPA, FL. 33606			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  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							
FILE NOW!!! FEE IS \$150.00  Due by September 14, 2007  9. Election Campaign Finan Trust Fund Contribution.			cing \$	i.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	OFFICERS AND DIF PST REMUND, RENE' 5771 ROOSEVELT BLVD CLEARWATER, FL 33760	ECTORS			U00( 05/25/(	000762222 07-80087-017	150.00
TITLE NAME STREET ADDRESS GITY-ST-ZIP TITLE NAME STREET ADDRESS GITY-ST-ZIP			DO NOT WRITE IN THIS SPACE				
TITLE  NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS							

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 exceed 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 than expowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-07 289-3800

Daytime Phone #