

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2007 8:00 am
Secretary of State


03-20-2007 90020 019 ***150.00

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DOCUMENT # P95000095035

1. Entity Name
COMMODORE HOLDINGS CORPORATION



Principal Place of Business
**520 BRICKELL KEY DRIVE
 MIAMI, FL 33131**

Mailing Address
**520 BRICKELL KEY DRIVE
 MIAMI, FL 33131**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State

3. Mailing Address
520 Brickell Key Drive
Suite 0-305
Miami, FL

Zip
33131

Country
USA

03022007 Chg-P CR2E034 (12/06)

4. FEI Number
65-0645258

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

TRANSGLOBAL CORPORATE ADMIN LLC
520 BRICKELL KEY DRIVE
STE 0-305
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name
Transglobal Corporate Administration LLC

Street Address (P.O. Box Number is Not Acceptable)
520 Brickell Key Drive
Suite 0-305,

City
Miami

State
FL

Zip Code
33131

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 *Jose Alvarez* **Jose Alvarez** **03/17/07**

Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	PD CASTRO-GUIDI, JEANNE 520 BRICKELL KEY DR. 0-305 MIAMI, FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FREEMAN, STEPHEN A 520 BRICKELL KEY DR SUITE 0-305 MIAMI, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Stephen A. Freeman* **Stephen A. Freeman** **3/17/07** **305-374-3200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #