

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000057476

1. Entity Name
COMMEN, INC.



Principal Place of Business

5901 SOUTHWEST 74TH ST. STE 407
SOUTH MIAMI, FL 33143

Mailing Address

5901 SOUTHWEST 74TH ST. STE 407
SOUTH MIAMI, FL 33143

FILED
Apr 15, 2004 08:00 AM
Secretary of State



04062004 No Chg-P CR2E034 (10/03)

4. FEI Number

65-0704887

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BROWN, GARY
5901 SW 74 STREET
SUITE 407
SOUTH MIAMI, FL 33143

**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
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000114759
04/15/04-80064-006 158.75

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PDS
BROWN, GARY A
5901 SOUTHWEST 74TH ST. STE 407
SOUTH MIAMI, FL 33143

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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)(l), 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:

GARY BROWN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY BROWN

4/14/04

Date

305-662-8999

Daytime Phone #