

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000084397

Entity Name: COMMERCE SERVICES, INC.

FILED  
Apr 28, 2006  
Secretary of State

## Current Principal Place of Business:

4770 BISCAYNE BOULEVARD  
SUITE 880  
MIAMI, FL 33137

## Current Mailing Address:

4770 BISCAYNE BOULEVARD  
SUITE 880  
MIAMI, FL 33137

## New Principal Place of Business:

335 SOUTH BISCAYNE BLVD.  
SUITE 4204  
MIAMI, FL 33131

## New Mailing Address:

335 SOUTH BISCAYNE BOULEVARD  
SUITE 4204  
MIAMI, FL 33131

FEI Number: 65-0704968

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LIEBERMAN, JONATHAN  
4770 BISCAYNE BOULEVARD  
SUITE 880  
MIAMI, FL 33137 US

## Name and Address of New Registered Agent:

LIEBERMAN, JONATHAN  
335 SOUTH BISCAYNE BOULEVARD  
SUITE 4204  
MIAMI, FL 33131 US

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.

SIGNATURE:

04/28/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: LIEBERMAN, JONATHAN  
Address: 4770 BISCAYNE BOULEVARD, SUITE 880  
City-St-Zip: MIAMI, FL 33137

Title: VPD ( ) Delete  
Name: NARDONE, ANGELO  
Address: 7441 WAYNE AVENUE # 10G  
City-St-Zip: MIAMI BEACH, FL 33141

Title: D (X) Delete  
Name: GRAIZER, ARIEL  
Address: 4770 BISCAYNE BLVD STE 880  
City-St-Zip: MIAMI BEACH, FL 33141

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: LIEBERMAN, JONATHAN  
Address: 335 SOUTH BISCAYNE BOULEVARD, SUITE 880  
City-St-Zip: MIAMI, FL 33131

Title: VPD (X) Change ( ) Addition  
Name: GRAIZER, ARIEL  
Address: 7441 WAYNE AVENUE # 10G  
City-St-Zip: MIAMI BEACH, FL 33141

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARIEL GRAIZER

VPD

04/28/2006

Electronic Signature of Signing Officer or Director

Date