

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000084397

FILED
Jan 29, 2008
Secretary of State

Entity Name: COMMERCE SERVICES, INC.

Current Principal Place of Business:

335 SOUTH BISCAYNE BLVD.
SUITE 4204
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

335 SOUTH BISCAYNE BOULEVARD
SUITE 4204
MIAMI, FL 33131

New Mailing Address:

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
335 SOUTH BISCAYNE BOULEVARD
SUITE 4204
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

Title: VPD () Delete
Name: GRAIZER, ARIEL
Address: 7441 WAYNE AVENUE # 10G
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 4204
City-St-Zip: MIAMI, FL 33131

Title: VPD (X) Change () Addition
Name: GRAIZER, ARIEL
Address: 335 SOUTH BISCAYNE BLVD. SUITE 4204
City-St-Zip: MIAMI, FL 33131

I hereby certify that the information supplied with this filing does not qualify 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

01/29/2008

Electronic Signature of Signing Officer or Director

Date