

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000084397

FILED
Mar 30, 2009
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:

2525 PONCE DE LEON 5TH FLOOR
5TH FLOOR
CORAL GASBLES, FL 33134

Current Mailing Address:

335 SOUTH BISCAYNE BOULEVARD
SUITE 4204
MIAMI, FL 33131

New Mailing Address:

2525 PONCE DE LEON 5TH FLOOR
5TH FLOOR
CORAL GABLES, FL 33134

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:

GRAIZER, ARIEL
2525 PONCE DE LEON
5TH FLOOR
CORAL GABLES, FL 33134 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: ARIEL GRAIZER

03/30/2009

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 4204
City-St-Zip: MIAMI, FL 33131

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GRAIZER, ARIEL
Address: 2525 PONCE DE LEON 5TH FLOOR
City-St-Zip: CORAL GABLES, FL 33134

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

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

PD

03/30/2009

Electronic Signature of Signing Officer or Director

Date