


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90376 015 ***150.00

DOCUMENT # P96000097347 1. Entity Name COMMERCIAL ASSEMBLY SERVICES CO., INC.																													
Principal Place of Business 7328 MOROCCA LAKE DR DELRAY BEACH, FL 33446 US			Mailing Address 7328 MOROCCA LAKE DR DELRAY BEACH, FL 33446 US																										
2. Principal Place of Business		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State																											
Zip	Country	Zip	Country	4. FEI Number 65-0714314																									
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable																									
6. Name and Address of Current Registered Agent MANDEL, ARLENE C. 2071 SW OAKWATER PT PALM CITY, FL 34990				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7328 MOROCCA LAKE DR City DELRAY BEACH FL Zip Code 33446																									
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 <u><i>Arlene C. Mandel</i></u> ARLENE C. MANDEL <u>4-17-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">V</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MANDEL, HOWARD H</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2071 SW OAKWATER PT</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>PALM CITY, FL 34990</td> <td></td> </tr> </table>			TITLE	V	<input type="checkbox"/> Delete	NAME	MANDEL, HOWARD H		STREET ADDRESS	2071 SW OAKWATER PT		CITY - ST - ZIP	PALM CITY, FL 34990		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">7328 MOROCCA LAKE DR.</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>7328 MOROCCA LAKE DR.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>DELRAY BEACH FL 33446</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	7328 MOROCCA LAKE DR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	7328 MOROCCA LAKE DR.		STREET ADDRESS	DELRAY BEACH FL 33446		CITY - ST - ZIP		
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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: <u><i>Arlene C. Mandel</i></u> ARLENE C. MANDEL <u>4-17-06</u> 561-865-1500 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													