

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000026235

1. Entity Name
CAPITAL COMMANDER CORPORATION



**FILED
Mar 19, 2004 8:00 am
Secretary of State**

03-19-2004 90033 036 ***150.00

Principal Place of Business
407 LINCOLN ROAD
SUITE 4F
MIAMI BEACH, FL 33139 US

Mailing Address
444 BRICKELL AVE.
SUITE 51 BOX 181
MIAMI, FL 33131-2492

2. Principal Place of Business
1717 NORTH BAYSHORE Drive
Suite, Apt. #, etc.
Suite 3851

3. Mailing Address
1717 NORTH BAYSHORE Drive
Suite, Apt. #, etc.
Suite 3851

City & State
MIAMI, FL.

City & State
MIAMI, FL.

Zip **33132** Country **USA**

Zip **33132** Country **USA**

6. Name and Address of Current Registered Agent

ARGUELLES, DINORAH
1717 NORTH BAYSHORE DRIVE
3851
MIAMI, FL 33132

03162004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0817719 Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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 renewing)

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**

10. OFFICERS AND DIRECTORS

TITLE **PSTD**
NAME **ARGUELLES, DINORAH**
STREET ADDRESS **1717 NORTH BAYSHORE DRIVE, #3851**
CITY-ST-ZIP **MIAMI, FL 33132**

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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CITY-ST-ZIP

Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **DINORAH ARGUELLES**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #