

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 19, 2008 8:00 am
Secretary of State

08-19-2008 90004 015 ***150.00

DOCUMENT # P97000086241

1. Entity Name
COMMONWEALTH WHOLESALE CORP.



Principal Place of Business

**1250 E. HALLANDALE BEACH BLVD, STE 409
HALLANDALE, FL 33009**

Mailing Address

**1250 E. HALLANDALE BEACH BLVD, STE 409
HALLANDALE, FL 33009**

DO NOT WRITE IN THIS SPACE



08132008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0780857

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BENNARDINI, CHARLES J ESQ
7900 GLADES ROAD
SUITE 140 BOCA CORPORATE PLAZA
BOCA RATON, FL 33434**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D
NAME ROSE, NEAL I
STREET ADDRESS **1140 E HALLANDALE BCH BLVD** 1250 Suite 409
CITY-ST-ZIP HALLANDALE, FL 33009

TITLE D
NAME YOUNG, BRADLEY A
STREET ADDRESS **1140 E HALLANDALE BCH BLVD** 1250 Suite 409
CITY-ST-ZIP HALLANDALE, FL 33009

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Brad Young, Exec VP. 8/14/08 (954) 458-9998 x8060