

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 13, 2008 8:00 am**  
**Secretary of State**

05-13-2008 90013 039 \*\*\*150.00

**DOCUMENT # P98000031787**

1. Entity Name  
**COMMERCE SECURITY INVESTMENTS, INC.**



Principal Place of Business

1428 BRICKELL AVENUE  
EIGHTH FLOOR  
MIAMI, FL

Mailing Address

4901 NW 17TH WAY  
SUITE 103  
FT. LAUDERDALE, FL 33309



04172008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0830125**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

LEVY, ALAN M  
4901 NW 17TH WAY  
STE 103  
FORT LAUDERDALE, FL 33309

**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**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
JAKABOVITS, ERNO  
1327 H 46 ST  
BROOKLYN, NY 11219

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
KAHN, DAVID  
1327 H 46 STREET  
BROOKLYN, NY 11219

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
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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 #

*Alan Levy, Manager* *Alan Levy* *4/22/08* *954-491-5505*  
*David Kahn, Director* *David Kahn*