## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

SIGNATURE:

## Mar 15, 2004 08:00 AM DOCUMENT # P98000047084 **Secretary of State** COMMERCIAL GLOBAL CONSULTANTS, INC. Mailing Address Principal Place of Business 3994 SE OLD ST LUCIE BLVD 3994 SE OLD ST LUCIE BLVD STUART, FL 34996 STUART, FL 34996 03032004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0846285 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent REED, BRENDA DO NOT WRITE 3994 SE OLD ST LUCIE BLVD STUART, FL 34996 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. (NOTE Registered Agent signature required when reinstating) \$5.00 May Be 9. FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 U000000089187 Added to Fees /15/04-80082-0<u>05</u>\_158 OFFICERS AND DIRECTORS 10. PSTD TITLE REED, BRENDA NAME 3994 SE OLD ST LUCIE BLVD STREET ADDRESS CITY-ST-ZIP STUART, FL 34996 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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

**FILED**