## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT # P98000054944

1. Entity Name COMMERCIAL HOLDINGS, INC.



Principal Place of Business

C/O DAVID E. MARKO, ESQ. 3001 SW 3RD AVE MIAMI, FL 33129 US Mailing Address

C/O DAVID E. MARKO, ESQ. 3001 SW 3RD AVE MIAMI, FL 33129

### FILED Apr 19, 2004 08:00 AM Secretary of State



#### DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

 04152004
 No Chg-P
 CR2E034 (10/03)

 4. FEI Number
 Applied For Not Applicable

5. Certificate of Status Desired

- **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MARKO, DAVID E 3001 S.W. THIRD AVENUE MIAMI, FL 33129

SIGNATURE:

# DO NOT WRITE IN THIS SPACE

the obligat	ions of registered agent.					
SIGNATURE.	Signature, typed or printed name of registered agent and title i	f applicable (NOTE Registered A	gent signalure	e required when reinstaling)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.				\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS		• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DAVID, MARKO E 3001 S.W. THIRD AVE. MIAMI, FL 33129				U00000118244 14/19/04-80051-014 150.00	
TITLE NAME STREET ADDRESS CITY ST-ZIP	P DE LAO, MIGUEL M 3001 SW 3RD AVE MIAMI, FL 33129					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY+ST-ZIP						
TITLE NAME STREET ADDRESS CITY - ST - ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 attactment who arranderss, with all other like empowered.						

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