


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2005 08:00 AM
Secretary of State

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



04062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0848986 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

**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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

UN00000308549
04/16/05-80001-022 150.00

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	DAVID, MARKO E
STREET ADDRESS	3001 S.W. THIRD AVE.
CITY - ST - ZIP	MIAMI, FL 33129
TITLE	P
NAME	DE LAO, MIGUEL M
STREET ADDRESS	3001 SW 3RD AVE
CITY - ST - ZIP	MIAMI, FL 33129
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #