2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2004 8:00 am
Secretary of State
02-27-2004 90037 027 ***150.00

MOORE CR2E034 (11/03)

DOCUMENT # P98000063206

1. Entity Name
COMMERCIAL INTERNATIONAL SALES, INC.

Principal Place of Business	Mailing Address
2784 WEST DAVIE BLVD. FT. LAUDERDALE FL 33312	~~P.O. BOX 112273~~ ~~HIALEAH FL 33011~~

2. Principal Place of Business	3. Mailing Address
	2784 W. Davie Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Fort Lauderdale FL
Zip / Country	Zip: 33312 / Country

4. FEI Number 65-0860994 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

VILLAVICENCIO, JAIRO
7075 NW 1179 ST #101
MIAMI FL 33015

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	DVS	☐ Delete
NAME	VILLAVICENCIO, MERCEDES C	
STREET ADDRESS	2784 WEST DAVIE BLVD.	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	
TITLE	DPT	☐ Delete
NAME	VILLAVICENCIO, JAIRO	
STREET ADDRESS	2784 WEST DAVIE BLVD.	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	
TITLE		☐ Delete
NAME		
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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TITLE		☐ Change ☐ Addition
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)(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.

SIGNATURE: [signature] Mercedes C Villavicencio 2-24-04 954-583-8120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #