


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 06, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000014388  
 1. Entity Name  
**COMMERCIAL PAY VACUUMS, INC.**



Principal Place of Business: 8510 N.W. 56TH STREET, MIAMI, FL 33166  
 Mailing Address: 8510 N.W. 56TH STREET, MIAMI, FL 33166

**DO NOT WRITE IN THIS SPACE**



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number: 65-0924075 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 FERDIE, AINSLEE R  
 717 PONCE DE LEON BOULEVARD  
 STE 215  
 CORAL GABLES, FL 33134

**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, 2004 Fee will be \$550.00**

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

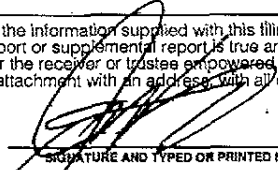
10. OFFICERS AND DIRECTORS

TITLE	D
NAME	STEWART, JACK
STREET ADDRESS	8510 N.W. 56TH STREET
CITY - ST - ZIP	MIAMI, FL 33166
TITLE	D
NAME	VILCHERS, JUAN
STREET ADDRESS	9957 S.W. 123TH TERRACE
CITY - ST - ZIP	MIAMI, FL 33176
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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:  3-103/04 305-594-3320  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #