

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000050665

1. Entity Name
KER COMMERCIAL SERVICES, INC.



Principal Place of Business

20547 OLD CUTLER RD
OLD CUTLER TOWNE CENTER
MIAMI, FL 33189

Mailing Address

20547 OLD CUTLER RD
OLD CUTLER TOWNE CENTER
MIAMI, FL 33189

**FILED
Apr 28, 2004 08:00 AM
Secretary of State**



DO NOT WRITE IN THIS SPACE

04222004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0983679	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SASSO, PAUL R ESQ
28 WEST FLAGLER STREET SUITE 505
MIAMI, FL 33130

**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

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**

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME FERNANDEZ, RAMON E
STREET ADDRESS 6930 S.W. 132ND PL
CITY-ST-ZIP MIAMI, FL 33183

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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #