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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1. Corporation	VIEW # V164/2		•			
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COMME	RCIAL DYNAMICS CORPOR/	MITON		A 18811 BILLER (1878 BIRLE BEER 18818 1181	GIGH STON BIRN ATTIC	1811 8:8(1) (881
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Delegate at Disco	- A Decision	Mailing Address			OLDIN GERNA BURNU BURNE BU	IBAL DIGIA LUBI
Principal Place	• • • • • • • • • • • • • • • • • • •	3				
444 BRICKELL		444 BRICKELL AVENUE PLAZA 51. SUITE 443				
PLAZA 51, SUITE 443 MIAMI FL 33131		MIAMI FL 33131		DO NOT WRITE IN	THIS SPACE	
		,		3. Date Incorporated or Qualifed		
				02/25/1992		
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	App	plied For
21	•	26		65-0125881		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	
22	·	27	<u> </u>		Fee Rec	quired
City & Stat	0	City & State	.**	6. Election Campaign Financing	\$5.00 i	
23		28		Trust Fund Contribution	Added to	o Fees
Zip	.Country	Zip	Country	8. This corporation owes the current ye	ear Intangible	⊠No
24	25		30	Personal Property Tax. 10. Name and Address of New Register		ZINO
	9. Name and Address of Current	Registered Agent	81 Name	1	C C	
7100	IN, ROBERT S. ESQUIRE		1 1	COBERT S. ZIPPIN	<u>1-5Q</u>	
MICHELSON AND ZIPPIN P.A.		82 Street Add	ress (P.O. Box Number is Not Acceptable)	G6 Rd #	‡ 200	
7101 WEST MCNAB ROAD SUITE 200		83	101 West MICH	<u> </u>		
TAMARAC FL 33321			00			
	, 11000 12 00021		84 City	iMarac.	FL 85 Zip 0	ode
	10 (007 0500	1 007 4500 Florido Ctoba				registered
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	egistered agent, or both, in the State of m familiar with and accept the obligati	of Elorida. Such change was at	athograph by the comorain	on's board of directors. I hereby accept the	appointment as reg	pistered
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14. 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 annual report or suppliemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP