


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90020 005 ***150.00

DOCUMENT # V34111 1. Entity Name COMMERCIAL PROPERTY SERVICES, INC.																													
Principal Place of Business 6595 DORAL BLVD (NW 36 ST) SUITE 304-1 VIRGINIA GARDENS, FL 33166			Mailing Address P O BOX 590899 MIAMI, FL 33159																										
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address PO Box 960727 Suite, Apt. #, etc.																											
City & State Miami		City & State Miami		4. FEI Number 65-0332105																									
Zip 33296		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent AMERICAN INFORMATION SERVICES INC 1 SE 3RD AVENUE, 28TH FLOOR MIAMI, FL 33131				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">P ST ANDERSON, <u>SHEILA M</u></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">6595 DORAL BLVD NW 36TH STREET 304-1</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">VIRGINIA GARDENS, FL 33166</td> </tr> </table>			TITLE	P ST ANDERSON, <u>SHEILA M</u>	<input type="checkbox"/> Delete	NAME			STREET ADDRESS	6595 DORAL BLVD NW 36TH STREET 304-1		CITY-ST-ZIP	VIRGINIA GARDENS, FL 33166		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">SHEILA M. ANDERSON</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">PO Box 960727</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">MIAMI 33296</td> </tr> </table>			TITLE	SHEILA M. ANDERSON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS	PO Box 960727		CITY-ST-ZIP	MIAMI 33296	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>SHEILA M ANDERSON</u> <u>Sheila M Anderson</u>				Date <u>2/4/2006</u> Daytime Phone # <u>3053729200</u>																									