

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V52982

FILED  
Apr 26, 2005  
Secretary of State

**Entity Name:** COMMERCIAL INTERIORS CORPORATION OF BOCA RATON

**Current Principal Place of Business:**

2118 N. FEDERAL HWY  
BOCA RATON, FL 33431 US

**New Principal Place of Business:**

1900 NW CORPORATE BLVD.  
SUITE 400-E  
BOCA RATON, FL 33431 US

**Current Mailing Address:**

2118 N. FEDERAL HWY  
BOCA RATON, FL 33431 US

**New Mailing Address:**

1900 NW CORPORATE BLVD.  
SUITE 400-E  
BOCA RATON, FL 33431 US

**FEI Number:** 65-0420069

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SIMONS, ALAN  
2118 N. FEDERAL HWY  
BOCA RATON, FL 33431 US

**Name and Address of New Registered Agent:**

SIMONS, BARRY L ESQ.  
9100 S. DADELAND BLVD.  
SUITE 400  
MIAMI, FL 33156 US

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.

SIGNATURE: BARRY L. SIMONS

04/26/2005

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: SIMONS, ALAN  
Address: 2118 N. FEDERAL HWY  
City-St-Zip: BOCA RATON, FL 33431

Title: VP (X) Delete  
Name: WISELY, SCOTT VPSEC  
Address: 2118 N. FEDERAL HWY  
City-St-Zip: BOCA RATON, FL 33431

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARRY L. SIMONS

RA

04/26/2005

Electronic Signature of Signing Officer or Director

Date