


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # 762961 1.*Entity Name COMMERCIAL CENTER OF MIAMI #1 CONDOMINIUM ASSOCIATION, INC.	
---	---

Principal Place of Business 6043-6065 NW 167 ST HIALEAH, FL 33015 US	Mailing Address 6187 NW 167TH STREET H36 MIAMI, FL 33015 US
--	--

DO NOT WRITE IN THIS SPACE



03212005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0279579	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

FRANKLIN, CARL E
6187 NW 167TH STREET
H36
MIAMI, FL 33015

**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 reinstalling) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAFFINGER, CHARLES 6065 NW 167ST 828 HIALEAH, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD EDELSTEIN, ROBERT 6043 NW 167ST. A 26 HIALEAH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIMITRI, BENEDETTO 6065 NW 167ST. B11 HIALEAH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000295551
04/09/05-80034-002 61.25

**DO NOT WRITE
IN THIS SPACE**

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 617, 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: Ben Dimitri 4/6/05 305-827-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #