

**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 Mailing Address  
 6043-6065 NW 167 ST 6187 NW 167TH STREET  
 HIALEAH, FL 33015 US 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  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 FRANKLIN, CARL E  
 6187 NW 167TH STREET  
 H36  
 MIAMI, FL 33015

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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 \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25 Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	TAFFINGER, CHARLES
STREET ADDRESS	6065 NW 167ST 828
CITY-ST-ZIP	HIALEAH, FL 33015
TITLE	STD
NAME	EDELSTEIN, ROBERT
STREET ADDRESS	6043 NW 167ST. A 26
CITY-ST-ZIP	HIALEAH, FL
TITLE	PD
NAME	DIMITRI, BENEDETTO
STREET ADDRESS	6065 NW 167ST. B 11
CITY-ST-ZIP	HIALEAH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000295551  
 04/09/05-80034-002 61.25

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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 Date 4/6/05 Daytime Phone # 305-847-7000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR