

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 762961

**FILED**  
**Feb 01, 2018**  
**Secretary of State**  
**CC3984427855**

**Entity Name:** COMMERCIAL CENTER OF MIAMI #1 CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

6043-6065 N.W. 167 STREET  
MIAMI LAKES, FL 33015

**Current Mailing Address:**

C/O CAM MANAGEMENT SERVICES  
P.O. BOX 5103  
HIALEAH, FL 33014 US

**FEI Number: 65-0279579**

**Certificate of Status Desired: No**

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

CAM MANAGEMENT SERVICES, CORP.  
6065 N.W. 167TH ST.  
UNIT B19  
MIAMI LAKES, FL 33015 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name GONZALEZ, RENE S  
Address C/O CAM MANAGEMENT SERVICES  
P.O. BOX 5103  
City-State-Zip: HIALEAH FL 33014

Title TD  
Name RODRIGUEZ, KHRISTIAN  
Address C/O CAM MANAGEMENT SERVICES  
P.O. BOX 5103  
City-State-Zip: HIALEAH FL 33014

Title VP  
Name DI MITRI, BEN  
Address C/O CAM MANAGEMENT SERVICES  
P.O. BOX 5103  
City-State-Zip: HIALEAH FL 33014

Title SD  
Name VELANDIA, WILSON  
Address C/O CAM MANAGEMENT SERVICES  
P.O. BOX 5103  
City-State-Zip: HIALEAH FL 33014

*I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: RENE S. GONZALEZ**

**PRESIDENT**

**02/01/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date