

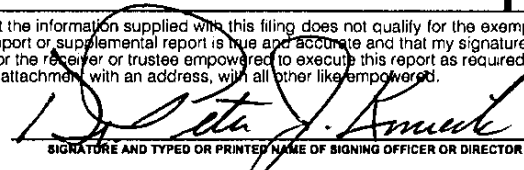


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 09, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 762469</b>			
1. Entity Name CENTRAL COMMERCIAL CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business % COURTESY PROPERTY 13250 SW 135 AVE MIAMI, FL 33186 US	Mailing Address % COURTESY PROPERTY 13250 SW 135 AVE MIAMI, FL 33186 US		
<b>DO NOT WRITE IN THIS SPACE</b>			
		03092007 No Chg-NP CR2E037 (4/06)	
		4. FEI Number <b>59-2205863</b>	Applied For Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent  SKRLD 201 ALHAMBRA CIRCLE CORAL GABLES, FL 33186		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees  000000696909 04/18/07-80019-002 70.00
<b>10. OFFICERS AND DIRECTORS</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RONDEROS, PATRICIA 2581 NW 74TH AVENUE MIAMI, FL 33122		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DELRIO PEREZ, LAURA 2585 NW 74 AVE MIAMI, FL 33122		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KMEICK, PETER 2577 NW 74TH AVENUE MIAMI, FL 33122		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SANTTI, MAYRA 2541 NW 74TH AVENUE MIAMI, FL 33122		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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 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: 		04/02/07 (305)-599-0199	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	