


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

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

DOCUMENT # 762960  
1. Entity Name  
COMMERCIAL CENTER OF MIAMI MASTER ASSOCIATION, INC.



Principal Place of Business Mailing Address  
6187 NW 167 ST 6187 NW 167 ST  
H 36 H 36  
MIAMI, FL 33015 US MIAMI, FL 33015 US

**DO NOT WRITE IN THIS SPACE**



03212005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0263110 Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
FRANKLIN, CARL  
6187 NW 167 ST  
SUITE 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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	PD
NAME	DIMITRI, BENEDETTO
STREET ADDRESS	6065 NW 167 ST B11
CITY-ST-ZIP	MIAMI, FL 33015
TITLE	D
NAME	JOHNSON, MICHEAL
STREET ADDRESS	6187 NW 167ST H16
CITY-ST-ZIP	MIAMI, FL 33015
TITLE	ST
NAME	EDELSTEIN, ROBERT
STREET ADDRESS	6043 NW 167TH ST A 26
CITY-ST-ZIP	MIAMI, FL 33015
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

0000029555  
04/09/05-80034-003 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: X [Signature] Ben Dimitri 4-6-05 305-827-7000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #