

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762960

FILED
Apr 09, 2007
Secretary of State

Entity Name: COMMERCIAL CENTER OF MIAMI MASTER ASSOCIATION, INC.

Current Principal Place of Business:

6187 NW 167 ST
H 36
MIAMI, FL 33015 US

New Principal Place of Business:

Current Mailing Address:

6187 NW 167 ST
H 36
MIAMI, FL 33015 US

New Mailing Address:

FEI Number: 65-0263110 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

FRANKLIN, CARL
6187 NW 167 ST
SUITE H36
MIAMI, FL 33015 US

Name and Address of New Registered Agent:

FRANKLIN, CARL E
6187 NW 167 ST
SUITE H36
MIAMI, 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: CARL E. FRANKLIN

04/09/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DIMITRI, BENEDETTO
Address: 6065 NW 167 ST B11
City-St-Zip: MIAMI, FL 33015

Title: D () Delete
Name: JOHNSON, MICHEAL
Address: 6187 NW 167ST H16
City-St-Zip: MIAMI, FL 33015

Title: ST () Delete
Name: EDELSTEIN, ROBERT
Address: 6043 NW 167TH ST A 26
City-St-Zip: MIAMI, FL 33015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BENEDETTO DIMITRI

PD

04/09/2007

Electronic Signature of Signing Officer or Director

Date