

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

**FILED**  
**Apr 25, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 765872**



1. Entity Name  
9500 COMMERCIAL CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 9500 NW 77 AVE., WHSE. #1 HIALEAH GARDENS, FL 33016 US	Mailing Address 9500 NW 77 AVE., WHSE. #1 HIALEAH GARDENS, FL 33016 US
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04192007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2263266	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

SERFIX, LUIS  
C/O UNESCO  
9500 NW 77TH AVE., WHSE. #1  
HIALEAH GARDEN, FL 33016

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$61.25  
Due by May 1, 2007

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS SEREIX, LUIS 4205 SW 151 TERRACE MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MORELL, MIGUEL 3085 W 80TH STREET HIALEAH, FL 33018
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U00000731222  
05/06/07-80113-004 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/23/07  
Date

305 822 5781  
Daytime Phone #