2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # M42204

1. Entity Name
9330 PROPERTIES, INC.

Principal Place of Business	Mailing Address
9330 N.W. 109 ST. MEDLEY, FL 33178	10890 NW SO RIVER DR MEDLEY, FL 33178

03082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0034768
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GARCIA, PETER
5601 COLLINS AVE
APT M6
MIAMI BCH, FL 33144

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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)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

000000270832
03/21/05-80019-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	VPS
NAME	GARCIA, JORGE J.
STREET ADDRESS	9221 S.W. 102 ST.
CITY-ST-ZIP	MIAMI, FL
TITLE	PD
NAME	GARCIA, PETER
STREET ADDRESS	5601 COLLINS AVE, APT M6
CITY-ST-ZIP	MIAMI BCH, FL 33144
TITLE	D
NAME	GARCIA, CARIDAD
STREET ADDRESS	5601 COLLINS AVE, APT M6
CITY-ST-ZIP	MIAMI BCH, FL 33144
TITLE	D
NAME	GARCIA, PEDRO
STREET ADDRESS	5601 COLLINS AVE, APT M6
CITY-ST-ZIP	MIAMI BCH, FL 33144
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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)(i), 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 607, 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: _____ 03/15/05 305-888-7252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #