

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # M42204 1. Entity Name 9330 PROPERTIES, INC.	
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Principal Place of Business 9330 N.W. 109 ST. MEDLEY, FL 33178	Mailing Address 10890 NW SO RIVER DR MEDLEY, FL 33178
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DO NOT WRITE IN THIS SPACE



03082005 No Chg-P CR2E034 (10/03)

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

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

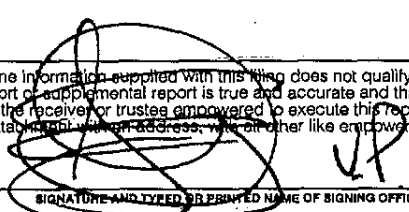
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	1000000270832 03/21/05-80019-005 150.00
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10. OFFICERS AND DIRECTORS

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

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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 attached exhibit with an address, with an other like empowered.

SIGNATURE:  **03/15/05** **305-888-7252**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #