


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 15, 2006 08:00 A**  
**Secretary of State**

<b>DOCUMENT # M42204</b> 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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04042006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0034768	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$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 \_\_\_\_\_  
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, 2006 Fee will be \$550.00**

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

DATE  
 000000564450  
 05/20/06-80066-013 158.75

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	

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

Date: 4/25/06 Daytime Phone #: 305 888-7251