

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90014 031 ***150.00

DOCUMENT # M42204

1. Entity Name
9330 PROPERTIES, INC.



Principal Place of Business

9330 N.W. 109 ST.
MEDLEY, FL 33178

Mailing Address

10890 NW SO RIVER DR
MEDLEY, FL 33178

40040102



02152007 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 ☐ \$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)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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 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

Jorge J. Garcia

3/20/07

Date

Daytime Phone #

305 888-7852