


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 08:00 A
Secretary of State

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



01042008 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 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

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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, 2008 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	

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 04/08/08-80060-023 150.00

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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: 3/21/08 Day and Phone: 305 888 7252