

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M42204

FILED
Feb 05, 2009
Secretary of State

Entity Name: 9330 PROPERTIES, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

9330 N.W. 109TH STREET
MEDLEY, FL 33178

Current Mailing Address:

10890 NW SO RIVER DR
MEDLEY, FL 33178

New Mailing Address:

10890 NW SO RIVER DRIVE
MEDLEY, FL 33178

FEI Number: 65-0034768

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPS () Delete
Name: GARCIA, JORGE J.,
Address: 9221 S.W. 102 ST.
City-St-Zip: MIAMI, FL

Title: PD () Delete
Name: GARCIA, PETER,
Address: 5601 COLLINS AVE, APT M6
City-St-Zip: MIAMI BCH, FL 33144

Title: D () Delete
Name: GARCIA, CARIDAD,
Address: 5601 COLLINS AVE, APT M6
City-St-Zip: MIAMI BCH, FL 33144

Title: D () Delete
Name: GARCIA, PEDRO,
Address: 5601 COLLINS AVE, APT M6
City-St-Zip: MIAMI BCH, FL 33144

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPS (X) Change () Addition
Name: GARCIA, JORGE J.,
Address: 9221 S.W. 102ND STREET
City-St-Zip: MIAMI, FL 33176

Title: PD (X) Change () Addition
Name: GARCIA, PETER,
Address: 5601 COLLINS AVENUE APT M-6
City-St-Zip: MIAMI BEACH, FL 33140

Title: D (X) Change () Addition
Name: GARCIA, CARIDAD,
Address: 5601 COLLINS AVENUE APT M-6
City-St-Zip: MIAMI BEACH, FL 33140

Title: D (X) Change () Addition
Name: GARCIA, PEDRO JR,
Address: 7101 S.W. 60TH STREET
City-St-Zip: MIAMI, FL 33143

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER GARCIA

PD

02/05/2009

Electronic Signature of Signing Officer or Director

Date