

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18436

FILED
Apr 09, 2007
Secretary of State

Entity Name: COMMERCIAL CENTER OF MIAMI #4 CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

6175-6187 NW 167TH ST.
MIAMI, FL 33015

New Principal Place of Business:

Current Mailing Address:

6187 NW 167 ST
H 36
HIALEAH, FL 33015 US

New Mailing Address:

FEI Number: 65-0263125

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRANKLIN, CARL
6187 NW 167 ST H36
HIALEAH, FL 33015 US

Name and Address of New Registered Agent:

FRANKLIN, CARL E
6187 NW 167 ST H36
HIALEAH, FL 33015 US

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: CARL E. FRANKLIN

04/09/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ROJAS, JESUS
Address: 6157 NW 167 ST #F21
City-St-Zip: MIAMI, FL 33015

Title: PD () Delete
Name: JOHNSON, MICHAEL
Address: 6157 NW 167 ST F-21
City-St-Zip: MIAMI, FL

Title: TSD () Delete
Name: FRANKLIN, CLARICE R
Address: 6187 NW 167 ST. H36
City-St-Zip: HIALEAH, FL 33015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ROJAS, JESUS
Address: 6187 NW 167 ST #H36
City-St-Zip: MIAMI, FL 33015

Title: PD (X) Change () Addition
Name: JOHNSON, MICHAEL
Address: 6187 NW 167 ST, H36
City-St-Zip: MIAMI, FL 33015

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLARICE R. FRANKLIN

TSD

04/09/2007

Electronic Signature of Signing Officer or Director

Date