

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18436

**FILED**  
**Apr 19, 2011**  
**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 E  
6187 NW 167 ST H36  
HIALEAH, FL 33015 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

**OFFICERS AND DIRECTORS:**

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: CLARICE R. FRANKLIN

TSD

04/19/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date