2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000073896

Entity Name: CONSOLIDATED COMMERCIAL PROPERTIES, INC.

FILED May 05, 2009 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

604 SAN ESTEBAN 4220 NW 2 AVE

CORAL GABLES, FL 33146 MIAMI, FL 33127 US US

Current Mailing Address: New Mailing Address:

4220 NW 2 AVE 604 SAN ESTEBAN

CORAL GABLES, FL 33146 US MIAMI, FL 33127 US

FEI Number: 42-1600615 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JAHANN, DARIUS A MR. JAHANN, DARIA B MR. 604 SAN ESTEBAN 4220 NW 2 AVE CORAL GABLES, FL 33146 US US MIAMI, FL 33127

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: DARIA B. JAHANN 05/05/2009

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

PRES () Delete Title: PRFS (X) Change () Addition

Title: JAHANN, DARIA MR. Name: Name: JAHANN, DARIA B MR. 604 SAN ESTEBAN 4220 NW 2 AV Address: Address:

City-St-Zip: CORAL GABLES, FL 33147 US City-St-Zip: MIAMI, FL 33127 US

Title: SEC () Delete Title: SEC (X) Change () Addition JAHANN, DARIA MR. JAHANN, DARIA B MR. Name: Name:

604 SAN ESTEBAN Address: 4220 NW 2 AV Address: CORAL GABLES, FL 33147 US MIAMI, FL 33127 US City-St-Zip: City-St-Zip:

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: DARIA B JAHANN **PRES** 05/05/2009