

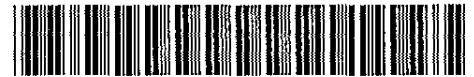
ANNUAL REPORT (AR)**DOCUMENT # P04000000565**

1. Entity Name

9501 PROPERTIES, INC.



FILED
Jan 31, 2006 08:00 AM
Secretary of State



1st MOORE CR2E034 (10/05)

4. FEI Number **20-0765973** Applied For
 Not Applied

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CIMENT, NORMAN
1665 WASHINGTON AVE
4TH FL
MIAMI FL 33139

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00**After May 1, 2006 Fee Will Be \$550.00****Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00 May**
 Trust Fund Contribution. ☐ **Added to Fee**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
 NAME **DP**
 STREET ADDRESS **GRENALD, BENJAMIN**
 CITY-ST-ZIP **1800 NE 114 ST**
MIAMI FL 33161

TITLE ☐ Delete
 NAME **DST**
 STREET ADDRESS **CIMENT, NORMAN**
 CITY-ST-ZIP **1665 WASHINGTON AVE**
MIAMI FL 33139

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Add
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Add
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Add
 NAME
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 CITY-ST-ZIP

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TITLE ☐ Change ☐ Add
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, 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

Daytime Phone #