2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000000565

1. Entity Name
9501 PROPERTIES, INC.

Principal Place of Business	Mailing Address
1665 WASHINGTON AVE 4TH FL MIAMI, FL 33139	1665 WASHINGTON AVE 4TH FL MIAMI, FL 33139

FILED
Jan 24, 2007 08:00 AM
Secretary of State

01092007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-0765973	Not Applicable

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

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, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

U00000600306
01/26/07--80004-017 150.00

10. OFFICERS AND DIRECTORS

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

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

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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 Chapter 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 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Norman Ciment   1-17-07   305-532-4100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #