


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 27, 2005 8:00 am
Secretary of State

06-27-2005 90002 042 ****70.00

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DOCUMENT # 762469					
1. Entity Name CENTRAL COMMERCIAL CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business % COURTESY PROPERTY 13250 SW 135 AVE MIAMI, FL 33186 US		Mailing Address % COURTESY PROPERTY 13250 SW 135 AVE MIAMI, FL 33186 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2205863	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SKRLD 201 ALHAMBRA CIRCLE CORAL GABLES, FL 33186			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STACHL, JOHN L		NAME		
STREET ADDRESS	2525 NW 74TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33122		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NESTOR, MIRANDA		NAME	RONDROS PATRICIA	
STREET ADDRESS	2533 N.W. 74 AVE		STREET ADDRESS	2541 NW 74TH AVENUE	
CITY-ST-ZIP	MIAMI, FL 33122		CITY-ST-ZIP	MIAMI FL 33122	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELRIO PEREZ, LAURA		NAME		
STREET ADDRESS	2585 NW 74 AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33122		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KMEICK, PETER		NAME	KMEICK, PETER	
STREET ADDRESS	2577 NW 74TH AVENUE		STREET ADDRESS	2577 NW 74TH AVENUE	
CITY-ST-ZIP	MIAMI, FL 33122		CITY-ST-ZIP	MIAMI FL 33122	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PICCININI, ANGELA		NAME		
STREET ADDRESS	2573 NW 74 AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33122		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTTI, MAYRA		NAME		
STREET ADDRESS	2541 NW 74TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33122		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: <i>Peter Kmeick, President</i>		Date: 4-30-05		Days/Phone #: 305-254-3888	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Days/Phone #</small>	

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