

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 762960

**Entity Name:** COMMERCIAL CENTER OF MIAMI MASTER ASSOCIATION, INC.

**FILED**  
**Apr 26, 2024**  
**Secretary of State**  
**4400584873CC**

**Current Principal Place of Business:**

6157 NW 167 ST  
SUITE F-11  
HIALEAH, FL 33015

**Current Mailing Address:**

6157 NW 167 ST  
SUITE F-11  
HIALEAH, FL 33015 US

**FEI Number: 65-0263110**

**Certificate of Status Desired: No**

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

DIEGUEZ, ANTHONY J.D.  
7950 NW 155 STREET  
SUITE 207  
MIAMI LAKES, FL 33016 US

*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: ANTHONY DIEGUEZ, J.D.**

**04/26/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name ENGELMANN, MARTIN  
Address C/O CCOM MANAGEMENT  
6157 NW 167 ST, SUITE F-11  
City-State-Zip: HIALEAH FL 33015

Title ST  
Name WOLAK, ALEX  
Address C/O CCOM MANAGEMENT  
6157 NW 167 ST, SUITE F-11  
City-State-Zip: HIALEAH FL 33015

Title D  
Name AUERBACH, PETER  
Address C/O CCOM MANAGEMENT  
6157 NW 167TH ST, SUITE F-11  
City-State-Zip: HIALEAH FL 33015

Title D  
Name GONZALEZ, RENE S  
Address C/O CCOM MANAGEMENT  
6157 NW 167 ST, SUITE F-11  
City-State-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: ENGELMANN , MARTIN**

**PD**

**04/26/2024**

Electronic Signature of Signing Officer/Director Detail

Date