

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000072444

**Entity Name:** COMMERCIAL CENTER OF MIAMI MANAGEMENT, INC.

**FILED**  
**Apr 19, 2014**  
**Secretary of State**  
**CC6075918960**

**Current Principal Place of Business:**

6187 NW 167TH ST.  
UNIT H-36  
MIAMI, FL 33015

**Current Mailing Address:**

6187 NW 167TH ST.  
UNIT H-36  
MIAMI, FL 33015 US

**FEI Number:** 65-0524727

**Certificate of Status Desired:** No

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

FRANKLIN, CARL E  
6187 NW 167TH ST., H-36  
MIAMI, FL 33015 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title	PST	Title	VP
Name	FRANKLIN, CARL E	Name	FRANKLIN, CLARICE R
Address	6187 NW 167TH ST. H36	Address	6187 NW 167 ST., H36
City-State-Zip:	MIAMI FL 33015	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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CARL E. FRANKLIN

**PRES**

**04/19/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date