


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90275 035 \*\*\*150.00

<b>DOCUMENT # 257119</b>		
1. Entity Name <b>MIRAMAR GARDEN APARTMENTS INC</b>		

Principal Place of Business <b>60 VENETIAN DRIVE DELRAY BEACH, FL 33483</b>	Mailing Address <b>60 VENETIAN DRIVE DELRAY BEACH, FL 33483</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40070000

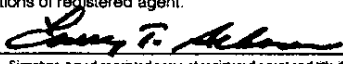


01272007 Chg-P CR2E034 (12/06)

4. FEI Number <b>59-1028411</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

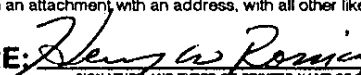
6. Name and Address of Current Registered Agent <b>SERGIO'S PROEPRTY MANAGEMENT, INC. 60 VENETIAN DRIVE DELRAY BEACH, FL 33483</b>	
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7. Name and Address of New Registered Agent Name <b>LARRY T. SCHONE, ESQ.</b> Street Address (P.O. Box Number is Not Acceptable) <b>151 NW FIRST AVENUE</b> City <b>DELRAY BEACH</b> FL Zip Code <b>33444</b>	
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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 <b>4/23/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VAUGHN, HARRY 80 VENETIAN DRIVE, S 201 DELRAY BEACH, FL 33483 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>VAUGHN, HARRY</b> <b>8 VENETIAN S 201</b> <b>DELRAY BEACH, FL 33483</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIGGANS, BETTY A 60 VENETIAN DRIVE, N 105 DELRAY BEACH, FL 33483 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VILE PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>DIGGANS, BETTY</b> <b>60 VENETIAN DR N 105</b> <b>DELRAY BEACH, FL 33483</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANLANDINGHAM, TONY 80 VENETIAN DR DELRAY BEACH, FL 33483 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALLOWAY, COLLEEN 80 KENETIAN DRIVE S305 DELRAY BEACH, FL 33483 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>GALLOWAY, COLLEEN</b> <b>80 VENETIAN DR S 305</b> <b>DELRAY BEACH, FL 33483</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROMIG, HENRY 60 VENETIAN DR. UNIT N. 305 DELRAY BEACH, FL 33483 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>ROMIG, HENRY</b> <b>60 VENETIAN DR N 305</b> <b>DELRAY BEACH, FL 33483</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUGHES, JOHN 60 VENETIAN DR DELRAY BEACH, FL 33483 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>SCHIAVETTI, TONY</b> <b>80 VENETIAN DR S 205</b> <b>DELRAY BEACH, FL 33483</b>

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:  <b>HENRY W. ROMIG, PRES</b> 4-20-07 1-561 278 6751 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>	
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OFFICE 1-561-276-6100