


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90002 017 ****61.25

DOCUMENT # 752691			
1. Entity Name MILLER GARDENS INC.			
Principal Place of Business C/O THE CONTINENTAL GROUP 11981 SW 144 CT, #201 MIAMI, FL 33186		Mailing Address C/O THE CONTINENTAL GROUP 11981 SW 144 CT, #201 MIAMI, FL 33186	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HYMAN & KAPLAN 6161 BLUE LAGOON DR. STE. #250 MIAMI, FL 33126		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, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	TD GAMEZ, ALFREDO <input type="checkbox"/> Delete 5800 S.W. 127 AVE., APT 2104 MIAMI, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GAMEZ, ALFREDO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5800 SW 127 AVE., APT 2104 MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POO, GLORIA <input checked="" type="checkbox"/> Delete 5900 SW 127 AVE #3106 MIAMI, FL 33196	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PEROTTI, JOAQUIN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5700 SW 127 AVE, APT 1419 MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CAMANO SYLVIA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5800 SW 127 AVE, APT 2111 MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ESCALISE, GLORIA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5800 SW 127 AVE, APT 2209 MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FADHEL, MARGARITA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5900 SW 127 AVE, APT 3105 MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUETO, TERESITA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5900 SW 127 AVE, APT 3411 MIAMI, FL 33183
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 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: <u>Alfredo Gamez</u>		Date: <u>01/11/06</u>	Daytime Phone #: <u>305-382-4348</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>