

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-23-2007 90255 041 ****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**

40077084



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01032007 Chg-NP CR2E037 (12/06)

City & State
 Zip Country

4. FEI Number
59-2194449

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**HYMAN & KAPLAN
 6161 BLUE LAGOON DR.
 STE. #250
 MIAMI, FL 33126**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make check payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GAMEZ, ALFREDO 5800 SW 127TH AVE, APT 2104 MIAMI, FL 33183 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PEROTTI, JOAQUIN 5700 SW 127TH AVE, APT 1419 MIAMI, FL 33183 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CAMANO, SYLVIA 5800 SW 127TH AVE, APT 2111 MIAMI, FL 33183 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ESCALISE, GLORIA 5800 SW 127TH AVE. APT 2209 MIAMI, FL 33183 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FADHEL, MARGARITA 5800 SW 127TH AVE, APT 3105 MIAMI, FL 33183 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUETO, TERESITA 5900 SW 127TH AVE, APT 3411 MIAMI, FL 33183 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PEROTTI, JOAQUIN 5700 SW 127 AVE, APT 1419 MIAMI, FL 33183 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SORIA, EMILIA 5900 SW 127 AVE, APT 3222 MIAMI, FL 33183 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VARELA, JULIO 5800 SW 127 AVE, APT 2410 MIAMI, FL 33183 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARRILLAGA, DELIA 5800 SW 127 AVE, APT 2419 MIAMI, FL 33183 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTRO, CARMEN 5900 SW 127 AVE, APT 1106 MIAMI, FL 33183 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: Alfredo Gamez - **ALFREDO GAMEZ - P-1** / 2/07-305-382-
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **4348**