


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90043 046 \*\*\*\*61.25

<b>DOCUMENT # 752691</b>					
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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01032008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2194449	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HYMAN & KAPLAN 6401 BLUE LAGOON DR. <i>Museum Tower, 27th Floor</i> <del>STE. #250</del> <i>150 West Flagler Street</i> MIAMI, FL 33126 <i>Miami, FL 33130</i>			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		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	P	<input type="checkbox"/> Delete	TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAMEZ, ALFREDO		NAME	Gamez, Alfredo	
STREET ADDRESS	5800 SW 127TH AVE, APT 2104		STREET ADDRESS	5900 SW 127 ave, Apt 3312	
CITY-ST-ZIP	MIAMI, FL 33183		CITY-ST-ZIP	miami, fl 33183	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEROTTI, JOAQUIN		NAME	margarita fadhel	
STREET ADDRESS	5700 SW 127TH AVE, APT 1419		STREET ADDRESS	5900 SW 127 ave, Apt. 3105	
CITY-ST-ZIP	MIAMI, FL 33183		CITY-ST-ZIP	miami, fl 33183	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	Vice-president	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SORIA, EMILIA		NAME	Pilar Incera Aguiar	
STREET ADDRESS	5900 SW 127 AVE APT. 3222		STREET ADDRESS	5700 SW 127 ave, Apt 1219	
CITY-ST-ZIP	MIAMI, FL 33183		CITY-ST-ZIP	miami, fl 33183	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VARELA, JULIO		NAME	Silvia Caamano	
STREET ADDRESS	5800 SW 127 AVE APT. 2410		STREET ADDRESS	5800 SW 127 ave, Apt. 2111	
CITY-ST-ZIP	MIAMI, FL 33183		CITY-ST-ZIP	miami, fl 33183	
TITLE	D	<input type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARRILLAGA, DELIA		NAME	Thelma Chavez	
STREET ADDRESS	5800 SW 127 AVE APT. 2419		STREET ADDRESS	9633 SW 134 PL	
CITY-ST-ZIP	MIAMI, FL 33183		CITY-ST-ZIP	Miami, FL 33186	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTRO, CARMEN		NAME	Lucia Lazo	
STREET ADDRESS	5700 SW 127 AVE APT. 1106		STREET ADDRESS	5800 SW 127 ave, Apt 2220	
CITY-ST-ZIP	MIAMI, FL 33183		CITY-ST-ZIP	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>Silvia Caamano (Secretary)</u> 1-15-08					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					