2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 752691

FILED Dec 10, 2009 Secretary of State

Entity Name: MILLER GARDENS INC.

Current Principal Place of Business: New Principal Place of Business:

C/O THE CONTINENTAL GROUP 11981 SW 144 CT, #201 MIAMI, FL 33186

Current Mailing Address: New Mailing Address:

C/O THE CONTINENTAL GROUP 11981 SW 144 CT, #201 MIAMI, FL 33186

FEI Number: 59-2194449 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

HYMAN & KAPLAN MUSEUM TOWER. 27TH FLOOR 150 WEST FLAGLÉR STREET MIAMI, FL 33130 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

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

GAMEZ, ALFREDO CHAVEZ, THELMA Name: Name: 5900 SW 127 AVE, APT 3312 Address: 9633 SW 134 PL Address: City-St-Zip: MIAMI, FL 33183 City-St-Zip: MIAMI, FL 33186

Title: Title: (X) Change () Addition () Delete

FADHEL, MARGARITA Name: CAAMANO, SILVIA Name:

Address: 5900 SW 127TH AVE. APT 3105 Address: 5800 SW 127TH AVE. APT 2111

City-St-Zip: MIAMI, FL 33183 City-St-Zip: MIAMI, FL 33183

Title: () Delete Title: (X) Change () Addition AGUIAR, PILAR I FADHEL, MARGARITA Name: Name:

5700 SW 127TH AVE, APT 1219 5900 SW 127TH AVE, APT 3105 Address: Address:

City-St-Zip: MIAMI, FL 33183 City-St-Zip: MIAMI, FL 33183

Title: () Delete Title: (X) Change () Addition CAAMANO, SILVIA Name: Name: SCALISE, GLORIA

5800 SW 127TH AVE, APT 2111 5800 SW 127TH AVE, APT 2209 Address: Address:

City-St-Zip: MIAMI, FL 33183 City-St-Zip: MIAMI, FL 33183

Title: () Delete Title: (X) Change () Addition

CHAVEZ, THELMA ARRILLAGA, DELIA Name: Name:

9633 SW 134 PL 5800 SW 127TH AVE APT 2419 Address: Address:

City-St-Zip: MIAMI, FL 33186 City-St-Zip: MIAMI, FL 33186

Title: () Delete Title: (X) Change () Addition

LAZO, LUCIA CAMPS, CECILIA Name: Name:

Address: 5800 SW 127TH AVE, APT 2220 Address: 5700 SW 127TH AVE, APT 1207

MIAMI, FL 33183 City-St-Zip: MIAMI, FL 33183 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OVIDIO MIJARES CAM 12/10/2009

Electronic Signature of Signing Officer or Director

Date