


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90061 031 ****61.25

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DOCUMENT # N20659					
1. Entity Name MILAM AIRPORT PARK III CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 8299 CORAL WAY MIAMI, FL 33155		Mailing Address 8299 CORAL WAY MIAMI, FL 33155			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0040180	
Zip		Country		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		
GONZALEZ-PORTUONDO, JULIO 8299 CORAL WAY MIAMI, FL 33155			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee Is \$61.25 Due by May 1, 2005		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	PD	<input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT-TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIR, CARLOS		NAME	MONICA ZANARDI	
STREET ADDRESS	8299 CORAL WAY		STREET ADDRESS	8299 CORAL WAY	
CITY-ST-ZIP	MIAMI, FL 33155		CITY-ST-ZIP	MIAMI FL 33155	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEON, MARTIN		NAME	ANGEL MARTINEZ	
STREET ADDRESS	8299 CORAL WAY		STREET ADDRESS	8299 CORAL WAY	
CITY-ST-ZIP	MIAMI, FL 33155		CITY-ST-ZIP	MIAMI, FL 33155	
TITLE	STD	<input type="checkbox"/> Delete	TITLE	SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, ANA MARIA		NAME	HECTOR SCHAFIE	
STREET ADDRESS	8299 CORAL WAY		STREET ADDRESS	8299 CORAL WAY	
CITY-ST-ZIP	MIAMI, FL 33155		CITY-ST-ZIP	MIAMI FL 33155	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>[Signature]</i>		Hector Schafie		1/06/05 305 264 4250	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	