2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 08:00 A
Secretary of State

DOCUMENT # 764856

1. Entity Name
MILAM WAREHOUSE CONDOMINIUM NO. 12, INC.

Principal Place of Business	Mailing Address
6904 N.W. 51 STREET MIAMI, FL 33166	6904 N.W. 51 STREET MIAMI, FL 33166

DO NOT WRITE IN THIS SPACE

04202007 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-0779026

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HELLMAN, ESQUIRE, MAYNARD J
1100 PONCE DE LEON BLVD
CORAL GABLES, FL 33134

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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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ARRIAGA, JULIO
STREET ADDRESS	241 SEVILLA AVEM STE 805
CITY-ST-ZIP	CORAL GABLES, FL 33166
TITLE	SD
NAME	MARTINEZ, ANTONIO
STREET ADDRESS	6900 N.W. 51 STREET
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	D
NAME	HELLMAN, MAYNARD J
STREET ADDRESS	1100 PONCE DE LEON BLVD
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/08/07-80092-017 61.25

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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: Antonio Martinez 04-23-07 (305)5946522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #