

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 752691

**Entity Name:** MILLER GARDENS INC.**Current Principal Place of Business:**C/O THE CONTINENTAL GROUP  
5805 BLUE LAGOON DRIVE SUITE 310  
MIAMI, FL 33126**Current Mailing Address:**C/O THE CONTINENTAL GROUP  
5805 BLUE LAGOON DRIVE SUITE 310  
MIAMI, FL 33126**FEI Number:** 59-2194449**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MARIN , EL JAIEK AND LOPEZ, PL  
2601 SOUTH BAYSHORE DRIVE SUITE 700  
COCONUT GROVE, FL 33133 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

**Officer/Director Detail :**

Title	P
Name	GAMEZ, ALFREDO
Address	C/O THE CONTINENTAL GROUP 5805 BLUE LAGOON DRIVE SUITE 310

City-State-Zip: MIAMI FL 33126

Title	TREASURER
Name	FADHEL, MARGARITA
Address	5900 SW 127TH AVE, APT 3105

City-State-Zip: MIAMI FL 33183

Title	DIRECTOR
Name	HERNANDEZ, TERESITA
Address	C/O THE CONTINENTAL GROUP 5805 BLUE LAGOON DRIVE SUITE 310

City-State-Zip: MIAMI FL 33126

Title	DIRECTOR
Name	LAZO, LUCIA
Address	C/O THE CONTINENTAL GROUP 5805 BLUE LAGOON DRIVE SUITE 310

City-State-Zip: MIAMI FL 33126

Title	VP
Name	GARCIA, ANA S
Address	C/O THE CONTINENTAL GROUP 5805 BLUE LAGOON DRIVE SUITE 310

City-State-Zip: MIAMI FL 33126

Title	SECRETARY
Name	SCALISE, GLORIA
Address	5800 SW 127TH AVE, APT 2209

City-State-Zip: MIAMI FL 33183

Title	DIRECTOR
Name	CAMPS, CECILIA
Address	5700 SW 127TH AVE, APT 1207

City-State-Zip: MIAMI FL 33183

Title	DIRECTOR
Name	CHAVEZ, THELMA
Address	C/O THE CONTINENTAL GROUP 5805 BLUE LAGOON DRIVE SUITE 310

City-State-Zip: MIAMI FL 33126

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I hereby 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 all other like empowered.

**SIGNATURE:** ALFREDO GAMEZ

PRESIDENT

02/18/2013

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	NOVO, MIRIAM
Address	C/O THE CONTINENTAL GROUP 5805 BLUE LAGOON DRIVE SUITE 310
City-State-Zip:	MIAMI FL 33126