

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 752691

**FILED**  
**Feb 08, 2019**  
**Secretary of State**  
**2700993950CC**

**Entity Name:** MILLER GARDENS INC.

**Current Principal Place of Business:**

C/O FIRSTSERVICE RESIDENTIAL  
5805 BLUE LAGOON DRIVE SUITE 310  
MIAMI, FL 33126

**Current Mailing Address:**

C/O FIRSTSERVICE RESIDENTIAL  
5805 BLUE LAGOON DRIVE SUITE 310  
MIAMI, FL 33126 US

**FEI Number:** 59-2194449

**Certificate of Status Desired:** No

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

REINALDO CASTELLANOS, P.A.  
9960 BIRD ROAD  
MIAMI, FL 33016 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            PRESIDENT  
Name            PEREZ-TRUJILLO, LOURDES  
Address        5730 SW 127 AVE  
City-State-Zip: MIAMI FL 33183

Title            VP  
Name            FERNANDEZ, DAISY  
Address        5730 SW 127 AVE  
City-State-Zip: MIAMI FL 33183

Title            SECRETARY  
Name            SALAZAR, GERMAN  
Address        5730 SW 127 AVE  
City-State-Zip: MIAMI FL 33183

Title            TREASURER  
Name            GOMEZ, MARIA ESTHER  
Address        5730 SW 127 AVE  
City-State-Zip: MIAMI FL 33183

Title            DIRECTOR  
Name            DEL VALLE, ELENA  
Address        5730 SW 127 AVE  
City-State-Zip: MIAMI FL 33183

Title            DIRECTOR  
Name            PUJOL, RICK  
Address        5730 SW 127 AVE  
City-State-Zip: MIAMI FL 33183

Title            DIRECTOR  
Name            FERNANDEZ LARA, JOSE  
Address        5730 SW 127 AVE  
City-State-Zip: MIAMI FL 33183

*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:** LOURDES PEREZ-TRUJILLO

**PRESIDENT**

**02/08/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date