2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 752691

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

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

Officer/Director Detail :

	Title	PRESIDENT	Title	VP
	Name	FERNANDEZ, DAISY	Name	FERNANDEZ, JOSE
	Address	5900 SW 127 AVE	Address	5800 SW 127 AVE
	City-State-Zip:	MIAMI FL 33183	City-State-Zip:	MIAMI FL 33183
	Title	DIRECTOR	Title	TREASURER
	Name	VASSEUR, ENRIQUE	Name	GOMEZ, MARIA ESTHER
	Address	5800 SW 127 AVE	Address	5800 SW 127 AVE
	City-State-Zip:	MIAMI FL 33183	City-State-Zip:	MIAMI FL 33183
	Title	DIRECTOR	Title	DIRECTOR
	Title Name	DIRECTOR PEROTTI, JOAQUIN	Title Name	DIRECTOR DELVALLE, ELENA
	Name	PEROTTI, JOAQUIN 5700 SW 127 AVE	Name	DELVALLE, ELENA
	Name Address	PEROTTI, JOAQUIN 5700 SW 127 AVE	Name Address	DELVALLE, ELENA 5900 SW 127 AVE
	Name Address City-State-Zip:	PEROTTI, JOAQUIN 5700 SW 127 AVE MIAMI FL 33183	Name Address	DELVALLE, ELENA 5900 SW 127 AVE
	Name Address City-State-Zip: Title	PEROTTI, JOAQUIN 5700 SW 127 AVE MIAMI FL 33183 DIRECTOR	Name Address	DELVALLE, ELENA 5900 SW 127 AVE
	Name Address City-State-Zip: Title Name Address	PEROTTI, JOAQUIN 5700 SW 127 AVE MIAMI FL 33183 DIRECTOR RAMON GONZALEZ, JESUS	Name Address	DELVALLE, ELENA 5900 SW 127 AVE

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.

PRESIDENT

SIGNATURE: DAISY FERNANDEZ

Electronic Signature of Signing Officer/Director Detail

FILED Mar 19, 2018 Secretary of State CC0459348884

Certificate of Status Desired: No

Date

03/19/2018 Date