

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 752691

**FILED**  
**Jan 13, 2014**  
**Secretary of State**  
**CC0721967358**

**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:**

PAUL A. MCKENNA & ASSOCIATES, P.A.  
1360 SOUTH DIXIE HIGHWAY  
SUITE 100  
CORAL GABLES, FL 33146 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:** PAUL MCKENNA

01/13/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name LLERA, WALKER  
Address 5700 SW 127 AVE  
1217  
City-State-Zip: MIAMI FL 33183

Title VP  
Name BECKER, SILVIA  
Address 5700 SW 127 AVE  
1116  
City-State-Zip: MIAMI FL 33183

Title TREASURER  
Name FADHEL, MARGARITA  
Address 5900 SW 127TH AVE, APT 3105  
City-State-Zip: MIAMI FL 33183

Title DIRECTOR  
Name SCALISE, GLORIA  
Address 5800 SW 127TH AVE, APT 2209  
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 DAVID, NICOLETTO  
Address 5700 SW 127TH AVE,  
1212  
City-State-Zip: MIAMI FL 33183

Title SECRETARY  
Name TRUJILLO, MILTON  
Address 5900 SW 127 AVE  
3404  
City-State-Zip: MIAMI FL 33183

Title DIRECTOR  
Name SORIA, EMILIA  
Address 5900 SW 127 AVE  
3222  
City-State-Zip: MIAMI FL 33183

**Continues on page 2**

*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:** WALKER LLERA

PRESIDENT

01/13/2014

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