

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 758132**

1. Entity Name  
**MILAM CONDOMINIUM SOUTH, INC.**



Principal Place of Business  
**325 NW 72ND AVE # OFFICE  
MIAMI, FL 33126**

Mailing Address  
**PO BOX 830273  
MIAMI, FL 33283-0273**

**DO NOT WRITE IN THIS SPACE**



03222007 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**59-2267159**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**LOPEZ, JOSE  
325 NW 72ND AVE #404  
MIAMI, FL 33126**

**DO NOT WRITE  
IN THIS SPACE**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD LOPEZ, JOSE 325 NW 72ND AVE # 404 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD URBINA, JULIO 325 NW 72ND AVE # 208 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CONDE, MAGALY 325 NW 72ND AVE # 209 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMOS, GABRIEL 325 NW 72ND AVE # 109 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000687119  
04/10/07-80027-024 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PRESIDENT**

**3-30-07**

Date

Daytime Phone #

**301-264-5032**