


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90276 031 \*\*\*\*61.25

<b>DOCUMENT # 761662</b> 1. Entity Name MILIAM-DAIRY INDUSTRIAL CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 7323 NW 66TH ST MIAMI, FL 33166	Mailing Address 7323 NW 66TH ST MIAMI, FL 33166
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**DO NOT WRITE IN THIS SPACE**



04052005 No Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  BENITEZ, MANUEL 7323 NW 66TH ST MIAMI, FL 33166	<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BENITEZ, MANUEL 7323 NW 66TH ST MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PEREZ, CARLOS 7339 NW 66 STREET MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RIVAS, JOSE 7323 NW 66TH ST #1&2 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ULFE, JOSE 7323 NW 66TH STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VIGON, JOSE 2945 SW 109TH COURT MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HENRY, STEWART 7541 FAIRWAY BLVD MIRAMAR, FL

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 life empowered.

<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>4-12-05</b> <b>(305)885-1717</b> <small>Date Daytime Phone #</small>
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