

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 29, 2008  
Secretary of State**

DOCUMENT# N01935

**Entity Name:** MIAMI LAKES CORPORATE PLAZA CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

3493 NW 167TH STREET  
MIAMI, FL 33056

**New Principal Place of Business:**

**Current Mailing Address:**

3493 NW 167TH STREET  
MIAMI, FL 33056

**New Mailing Address:**

**FEI Number:** 59-2507345      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

WEISZ, MICHAEL O P.A.  
9350 S DIXIE HWY STE 1500  
MIAMI, FL 33156 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: STROEHMANN, JOHN N  
Address: 3493 NW 167TH STREET  
City-St-Zip: MIAMI, FL 33056

Title: D ( ) Delete  
Name: BERGERON, GREG  
Address: 3493 NW 167TH STREET  
City-St-Zip: MIAMI, FL 33056

Title: VPD ( ) Delete  
Name: VINCE, GEORGE  
Address: 3493 NW 167TH STREET  
City-St-Zip: MIAMI, FL 33056

Title: D ( ) Delete  
Name: BASS, MARINA  
Address: 6175 NW 153RD STREET, #208  
City-St-Zip: MIAMI, FL 33014

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: H J STROEHMANN

PD

04/29/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date