


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90066 014 \*\*\*\*61.25

DOCUMENT # N04000001412			
1. Entity Name MIAMI GARDENS PROFESSIONAL CENTRE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 18590 NW 67TH AVE STE 230 MIAMI GARDENS, FL 33015		Mailing Address 18590 NW 67TH AVE STE 230 MIAMI GARDENS, FL 33015	
2. Principal Place of Business <i>18300 NW 62 Avenue</i>		3. Mailing Address <i>18300 NW 62 Avenue</i>	
Suite, Apt. #, etc. <i>Suite 300</i>		Suite, Apt. #, etc. <i>Suite 300</i>	
City & State <i>Hialeah, Florida</i>		City & State <i>Hialeah, Florida</i>	
Zip <i>33015</i>	Country <i>USA</i>	Zip <i>33015</i>	Country <i>USA</i>
6. Name and Address of Current Registered Agent  SANCHEZ, FERNANDO J 18590 NW 67TH AVE STE 230 MIAMI GARDENS, FL 33015		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>18300 NW 62 Avenue, Ste. 300</i> City <i>Hialeah</i> FL Zip Code <i>33015</i>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SANCHEZ, FERNANDO J 18590 NW 67TH AVE STE 230 MIAMI GARDENS, FL 33015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>18300 NW 62 Avenue, Ste 300 Hialeah, Florida 33015</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANCHEZ, VIVIAN 18590 NW 67TH AVE STE 230 MIAMI GARDENS, FL 33015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>18300 NW 62 Avenue, Ste 300 Hialeah, Florida 33015</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLIVARES, SONIA 18590 NW 67TH AVE STE 230 MIAMI GARDENS, FL 33015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>18300 NW 62 Avenue, Ste 300 Hialeah, Florida 33015</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date: <i>3/6/06</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	