

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90092 007 ****61.25

DOCUMENT # N04000001412
 1. Entity Name
 MIAMI GARDENS PROFESSIONAL CENTRE
 CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
 18300 NW 62ND AVE 18300 NW 62ND AVE
 STE 300 STE 300
 HIALEAH, FL 33015 US HIALEAH, FL 33015 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

40010222

04112007 Chg-NP CR2E037 (12/06)

4. FEI Number Applied For
 55-0865716 Not Applicable

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

6. Name and Address of Current Registered Agent
 SANCHEZ, FERNANDO J
 18300 NW 62ND AVE, STE 300
 HIALEAH, FL 33015

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	SANCHEZ, FERNANDO J	
STREET ADDRESS	18300 NW 62ND AVE, STE 300	
CITY-ST-ZIP	HIALEAH, FL 33015	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SANCHEZ, VIVIAN	
STREET ADDRESS	18300 NW 62ND AVE, STE 300	
CITY-ST-ZIP	HIALEAH, FL 33015	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	OLIVARES, SONIA	
STREET ADDRESS	18300 NW 62ND AVE, STE 300	
CITY-ST-ZIP	HIALEAH, FL 33015	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MABEL TORREGROSA	
STREET ADDRESS	18300 NW 62nd ave STE 210	
CITY-ST-ZIP	MIAMI GARDENS FL 33015	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Yuraima Rodriguez	
STREET ADDRESS	18300 NW 62nd ave STE 330	
CITY-ST-ZIP	MIAMI GARDENS FL 33015	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: 4/13/07 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR