


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008 08:00 AM
Secretary of State


DOCUMENT # N04000001412

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



Principal Place of Business 18300 NW 62ND AVE STE 300 HIALEAH, FL 33015 US	Mailing Address 18300 NW 62ND AVE STE 300 HIALEAH, FL 33015 US
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02212008 No Chg-NP CR2E037 (4/06)

4. FEI Number 55-0865716	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

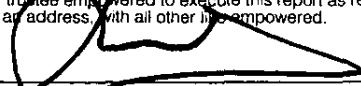
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SANCHEZ, FERNANDO J 18300 NW 62ND AVE, STE 300 HIALEAH, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TORREGROSA, MABEL 18300 NW 62ND AVE STE 210 MIAMI GARDENS, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, YURAIMA 18300 NW 62ND AVE STE 330 MIAMI GARDENS, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/11/08-80037-005 61.25

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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 lines empowered.

SIGNATURE:  **FERNANDO SANCHEZ (Pres.) 2/25/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #