


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N05000003587

1. Entity Name
MILLER SQUARE PROFESSIONAL CENTER OFFICE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 13831 S.W. 59 STREET SUITE 100 MIAMI, FL 33183	Mailing Address 13831 S.W. 59 STREET SUITE 100 MIAMI, FL 33183
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01072008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-4235254	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CUERVO, MARTA L
 13831 S.W. 59 STREET
 SUITE 100
 MIAMI, FL 33183**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**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	PD PITALUGA, MARITZA S 13831 SW 59 STREET, SUITE 208 MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BOTELLO, JOSE 13831 SW 59 STREET, SUITE 205 MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CUERVO, MARTA L 13831 SW 59 STREET, SUITE 100 MIAMI, FL 33183
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 like empowered.

SIGNATURE: *Marta Cuervo*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____