

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003587

FILED  
Mar 16, 2011  
Secretary of State

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

**Current Principal Place of Business:**

13831 S.W. 59 STREET  
SUITE 204  
MIAMI, FL 33183

**New Principal Place of Business:**

**Current Mailing Address:**

13831 S.W. 59 STREET  
SUITE 204  
MIAMI, FL 33183

**New Mailing Address:**

**FEI Number:** 20-4235254      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

BECKER & POLIAKOFF, P.A.  
C/O LILLIANA M. FARINAS-SABOGAL, ESQ.  
121 ALHAMBRA PLAZA 10TH FLOOR  
CORAL GABLES, FL 33134 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: P  
Name: AMADOR, ABEL  
Address: 13831 SW 59 STREET, SUITE 201  
City-St-Zip: MIAMI, FL 33183

Title: S  
Name: MIRABENT, MARIA  
Address: 13831 SW 59 STREET, SUITE 204  
City-St-Zip: MIAMI, FL 33183

Title: T  
Name: PITALUGA, MARITZA L  
Address: 13831 SW 59 STREET, SUITE 208  
City-St-Zip: MIAMI, FL 33183

I hereby 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 all other like empowered.

SIGNATURE: ABEL AMADOR

P

03/16/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date