

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2009
Secretary of State

DOCUMENT# N05000010910

Entity Name: MIAMI GARAGE NUMBER THREE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

190 NE 3RD STREET
ATTN: FINANCE SCOTT SIMPSON
MIAMI, FL 33132

New Principal Place of Business:

Current Mailing Address:

190 NE 3RD STREET
ATTN: FINANCE SCOTT SIMPSON
MIAMI, FL 33132

New Mailing Address:

FEI Number: 59-1324169 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

NORIEGA, ARTHUR
190 NE 3RD STREET
ATTN: FINANCE SCOTT SIMPSON
MIAMI, FL 33132 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: PD () Delete
Name: REYES, JAMI
Address: 150 SE 2ND AVENUE
City-St-Zip: MIAMI, FL 33101

Title: VD () Delete
Name: HERTZ, ARTHUR
Address: 3195 PONCE DE LEON BLVD.
City-St-Zip: CORAL GABLES, FL 33134

Title: VSTD () Delete
Name: HILL, MARLON
Address: 200 SOUTH BISCAYNE BLVD., #2750
City-St-Zip: MIAMI, FL 33131

Title: VD () Delete
Name: JELKE, THOMAS
Address: 2403 SOUTH MIAMI AVENUE
City-St-Zip: MIAMI, FL 33129

Title: VD () Delete
Name: NOSTRAND, STEPHEN
Address: 95 MERRICK WAY, SUITE 380
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SCOTT SIMPSON

CFO

01/05/2009

Electronic Signature of Signing Officer or Director

_____ Date