
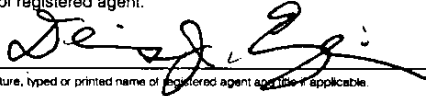
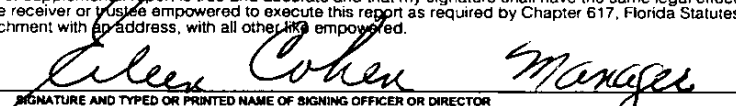


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90066 033 ****61.25

DOCUMENT # N05000011204			
1. Entity Name VERANO AT MIRAMAR CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 2199 SW 81 AVE MIRAMAR, FL 33025		Mailing Address 7900 NW 155TH STREET 205 MIAMI LAKES, FL 33016	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
4. FEI Number 20-3807763		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		7. Name and Address of New Registered Agent	
ZARETSKY, LOUIS D. 555 NE 15TH STREET, SUITE 100 MIAMI, FL 33132		EISINGER, BROWN, LEWIS & FRANKEL, P.A. ATTN: Dennis J. Eisinger, Esquire 4000 Hollywood Boulevard, Suite 265-S Hollywood FL 33021	
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 		3/15/07	
Signature, typed or printed name of registered agent 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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POYASTRO, MIGUEL 8500 SW 8TH STREET SUITE 228 MIRAMAR, FL 33144 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Cheryl Magalie Marie <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 13415 W 904 Ave Pembroke Pines FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HERRAN, EMILIANO 8500 SW 8TH STREET SUITE 228 MIRAMAR, FL 33144 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Escobar, Cesar <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8110 SW 31 Ct Bldg 13 Miramar FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD VALDEZ, ANGEL 8500 SW 8TH STREET SUITE 228 MIRAMAR, FL 33144 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	UPDI Down, AYOADPO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1751 SW 83 Ave Miramar FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 info empowered.			
SIGNATURE: 		3/27/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	