


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000007930 1. Entity Name MIAMI LAKES CORPORATE CENTER CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 2601 SOUTH BAYSHORE DRIVE, SUITE 200 MIAMI, FL 33133	Mailing Address 2601 SOUTH BAYSHORE DRIVE, SUITE 200 MIAMI, FL 33133
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DO NOT WRITE IN THIS SPACE



04252008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-4616123	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

**KAPLAN, JACK
C/O NEW DAWN MIAMI LAKES
2601 SOUTH BAYSHORE DRIVE, SUITE 200
COCONUT GROVE, FL 33133**

**DO NOT WRITE
IN THIS SPACE**

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	DP GITLIN, BRIAN 2601 SOUTH BAYSHORE DRIVE, SUITE 200 MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MUNOZ, JUAN 2601 SOUTH BAYSHORE DRIVE, SUITE 200 MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CRUZ, KATALINA 2601 SOUTH BAYSHORE DRIVE, SUITE 200 MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

000000982058
05/22/08-80035-019 61.25

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