

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N06433**

1. Entity Name  
**MILLER VILLAS CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**13250 SW 135 AVE  
MIAMI, FL 33186 US**

Mailing Address  
**13250 SW 135 AVE  
MIAMI, FL 33186 US**



03052008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2544358**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**ARIAS, MARIA V. ESQ  
201 ALHAMBRA CIRCLE, STE 1102  
CORAL GABLES, FL 33134**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

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**

U00000920814  
05/14/08-80060-004 70.00

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME BONET, CHRISTINA  
STREET ADDRESS 6660 SW 130 AVE.#1701  
CITY-ST-ZIP MIAMI, FL 33183

TITLE SD  
NAME GARRANDES, JUAN  
STREET ADDRESS 12960 SW 66 LN #101  
CITY-ST-ZIP MIAMI, FL 33183

TITLE VPD  
NAME GONZALEZ, MARCIA  
STREET ADDRESS 6490 SW 130 AVE.#1603  
CITY-ST-ZIP MIAMI, FL 33183

TITLE D  
NAME MAFES, ELVIN  
STREET ADDRESS 6490 SW 130 AVE 1601  
CITY-ST-ZIP MIAMI, FL 33183

TITLE TD  
NAME SILVA, MARTHA  
STREET ADDRESS 6490 SW 130 AVE. #1604  
CITY-ST-ZIP MIAMI, FL 33183

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Christina Bonet*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/28/08*

Date

Daytime Phone #