2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2008 8:00 am
Secretary of State
04-11-2008 90040 028 ****61.25

DOCUMENT # N07000005924

1. Entity Name

MIAMI LAKES PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6500 COWPEN RD., SUITE 302 MIAMI LAKES FL 33014	6500 COWPEN RD., SUITE 302 MIAMI LAKES FL 33014

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
14160 PALMETTO FRONTAGE RD	16930 N.W. 83 AVE.
Suite, Apt. #, etc.: SUITE # 12	Suite, Apt. #, etc.: HOUSE
City & State: MIAMI LAKES, FL.	City & State: MIAMI LAKES, FL.
Zip: 33016 Country: DADE	Zip: 33016 Country: DADE

4. FEI Number: 30-0459147 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GONZALEZ, ALBERTO O 6500 COWPEN RD., SUITE 302 MIAMI LAKES FL 33014	Name: GONZALEZ ALBERTO O. Street Address (P.O. Box Number is Not Acceptable): 16930 N.W. 83 AVE. City: MIAMI LAKES, FL. **FL** Zip Code: 33016

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: _____ 3/26/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PVST GONZALEZ, ALBERTO O 6500 COWPEN RD., SUITE 302 MIAMI LAKES FL 33014	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVST. GONZALEZ ALBERTO O. 16930 N.W. 83 AVE. MIAMI LAKES. FL. 33016	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GONZALEZ, ALBERTO O 6500 COWPEN RD., SUITE 302 MIAMI LAKES FL 33014	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GONZALEZ ALBERTO O. 16930 N.W. 83 AVE. MIAMI LAKES, FL. 33016	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MEADOR, ROBERT B II 6500 COWPEN RD., SUITE 302 MIAMI LAKES FL 33014	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GONZALEZ ALBERTO O. 16930 N.W. 83 AVE. MIAMI LAKES, FL. 33016	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MUNOZ, JUAN O 6500 COWPEN RD., SUITE 302 MIAMI LAKES FL 33014	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GONZALEZ ALBERTO O. 16930 N.W. 83 AVE. MIAMI LAKES. FL. 33016	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HERNANDEZ, REINALDO D 6500 COWPEN RD., SUITE 302 MIAMI LAKES FL 33014	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GONZALEZ ALBERTO O. 16930 N.W. 83. AVE. MIAMI LAKES, FL. 33016	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SALGUEIRO, MIGUEL A 6500 COWPEN RD., SUITE 302 MIAMI LAKES FL 33014	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GONZALEZ ALBERTO O. 16930 N.W. 83 AVE. MIAMI LAKES FL. 33016	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ 3/26/08 305-827-8933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #