## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000005924

FILED Apr 15, 2009 Secretary of State

Entity Name: MIAMI LAKES PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

14160 PALKETTO FRONTAGE RD. 16400 N.W. 59 AVE. MIAMI LAKES, FL 33014 SUITE #12

MIAMI LAKES, FL 33016

**New Mailing Address: Current Mailing Address:** 

16400 N.W. 59 AVE 14160 PALKETTO FRONTAGE RD. SUITE #12 MIAMI LAKES, FL 33014

MIAMI LAKES, FL 33016

FEI Number: 30-0459147 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GONZALEZ, ALBERTO O 16930 N.W. 83 AVE MIAMI LAKES, FL 33016

**OFFICERS AND DIRECTORS:** 

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:

Date

## Electronic Signature of Registered Agent

US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

**PVST PVST** (X) Change ( ) Addition () Delete

GONZALEZ, ALBERTO O Name: GONZALEZ, ALBERTO O Name: 6500 COWPEN RD., SUITE 302 Address: 16400 N.W. 59 AVE. Address: City-St-Zip: HIALEAH, FL 33014 City-St-Zip: MIAMI LAKES,, FL 33014

Title: (X) Delete Title: () Change () Addition

GONZALEZ, ALBERTO O Name: Name: Address: 6500 COWPEN RD., SUITE 302 Address: City-St-Zip: MIAMI LAKES, FL 33014 City-St-Zip:

Title: (X) Delete Title: () Change () Addition

MEADOR, ROBERT B II Name: Name: 6500 COWPEN RD., SUITE 302 Address: Address: City-St-Zip: MIAMI LAKES, FL 33014 City-St-Zip:

(X) Change ( ) Addition Title: D ( ) Delete Title:

MUNOZ, JUAN O Name: Name: MUNOZ, JUAN O 6500 COWPEN RD., SUITE 302 Address: Address: 16400 N.W. 59 AVE. City-St-Zip: MIAMI LAKES, FL 33014 City-St-Zip: MIAMI LAKES, FL 33014

Title: ( ) Delete Title: (X) Change ( ) Addition HERNANDEZ, REINALDO D HERNANDEZ, REINALDO D Name: Name:

6500 COWPEN RD., SUITE 302 16400 N.W. 59 AVE Address: Address: City-St-Zip: MIAMI LAKES, FL 33014 City-St-Zip: MIAMI LAKES, FL 33014

Title: ( ) Delete Title: (X) Change ( ) Addition

SALGUEIRO, MIGUEL A SALGUEIRO, MIGUEL A Name: Name: Address: 6500 COWPEN RD., SUITE 302 Address: 16400 N.W. 59 AVE MIAMI LAKES, FL 33014 MIAMI LAKES, FL 33014 City-St-Zip: 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: ALBERT O. GONZALEZ **PVST** 04/15/2009