

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # N12572
 1. Entity Name
MIAMI LAKES COMMERCE PARK-SECTION NINE OWNERS' ASSOCIATION, INC.



Principal Place of Business % LEGAL DEPARTMENT 7900 MIAMI LAKES DRIVE WEST MIAMI LAKES, FL 33016-5812	Mailing Address % LEGAL DEPARTMENT 7900 MIAMI LAKES DRIVE WEST MIAMI LAKES, FL 33016-5812
--	--

DO NOT WRITE IN THIS SPACE



04262007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0030482	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
BRAFMAN, HOWARD J.
 7900 MIAMI LKS DR. W.
 MIAMI LAKES, FL 33016-2897

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

Filing Fee is \$61.25
Due by May 1, 2007

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	PD BRAFMAN, HOWARD J. 7900 MIAMI LKS DR. W. MIAMI LAKES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FIRLONG, PAMELA 305 ROYAL POINCIANA PLAZA PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HERRMANN, JEFFRIE A 15255 N.W. 82 AVENUE MIAMI LAKES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAUN, STEPHEN 7900 MIAMI LAKES DR W MIAMI LAKES, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000748282
 05/17/07-80062-001 61.25

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: Stephen Braun 4/26/07 (305)364-4101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Stephen Braun, Director