

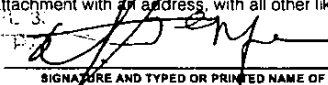


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 31, 2008 8:00 am
Secretary of State

07-31-2008 90044 013 ****61.25

DOCUMENT # N15265 1. Entity Name MILAM AIRPORT PARK II CONDOMINIUM ASSOCIATION, INC.																													
Principal Place of Business 4995 NW 72ND AVENUE, SUITE #303 MIAMI, FL 33166			Mailing Address 8299 CORAL WAY MIAMI, FL 33155 US																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																											
City & State City & State		City & State City & State		4. FEI Number 59-2778617																									
Zip 33166		Country Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
2008 NOT 6. Name and Address of Current Registered Agent P.M.S. DOCUMENT # 8299 CORALWAY # MIAMI, FL 33155 MILAM AIRPORT PARK II				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																									
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																													
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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																									
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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; that 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: 		ALVARADO Benjamin		Date 305 Daytime Phone # 264-4250																									