


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 30, 2007 8:00 am**  
**Secretary of State**

07-30-2007 90064 007 \*\*\*\*61.25

|   |   |
|---|---|
| <b>DOCUMENT # N27554</b>  |  |
| 1. Entity Name<br><b>MILAM AIRPORT PARK V CONDOMINIUM ASSOCIATION, INC.</b> |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>8299 CORAL WAY<br/>MIAMI, FL 33155</b> | Mailing Address<br><b>8299 CORAL WAY<br/>MIAMI, FL 33155</b> |
|--|--|

**60053844**



|   |   |
|---|---|
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc. | 3. Mailing Address<br><br>Suite, Apt. #, etc. |
|---|---|

01052007 Chg-NP CR2E037 (12/06)

|              |              |                                    |  |
|--------------|--------------|------------------------------------|--|
| City & State | City & State | 4. FEI Number<br><b>65-0077019</b> | Applied For<br><input type="checkbox"/> Not Applicable |
| Zip          | Country      | Zip                                | Country  |

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
|---|---------------------------------------|

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br><br><b>PROPERTY MANAGEMENT SERVICES CORP<br/>8299 CORAL WAY<br/>MIAMI, FL 33155</b> |  |
|--|--|

|  |             |
|--|-------------|
| 7. Name and Address of New Registered Agent        |             |
| Name   |             |
| Street Address (P.O. Box Number is Not Acceptable) |             |
| City   | FL Zip Code |

|   |      |
|---|------|
| 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 |

|   |  |                                    |  |
|---|--|------------------------------------|--|
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00 May Be Added to Fees</b> | <b>Make check payable to<br/>Florida Department of State</b> |
|---|--|------------------------------------|--|

| 10. OFFICERS AND DIRECTORS |   |
|----------------------------|---|
| TITLE                      | VD <input type="checkbox"/> Delete                          |
| NAME                       | YIDI, VICTOR  |
| STREET ADDRESS             | 8299 CORAL WAY  |
| CITY-ST-ZIP                | MIAMI, FL 33155   |
| TITLE                      | STD <input checked="" type="checkbox"/> Delete              |
| NAME                       | BABCOCK, CALVIN   |
| STREET ADDRESS             | 8299 CORAL WAY  |
| CITY-ST-ZIP                | MIAMI, FL 33155   |
| TITLE                      | PD <input checked="" type="checkbox"/> Delete               |
| NAME                       | MARIN, VICTOR   |
| STREET ADDRESS             | 8299 CORAL WAY  |
| CITY-ST-ZIP                | MIAMI, FL 33155   |
| TITLE                      | <i>Address Yidi - Pres.</i> <input type="checkbox"/> Delete |
| NAME                       |   |
| STREET ADDRESS             | 8299 CORAL WAY  |
| CITY-ST-ZIP                | MIAMI, FL 33155   |
| TITLE                      | <input type="checkbox"/> Delete                             |
| NAME                       |   |
| STREET ADDRESS             |   |
| CITY-ST-ZIP                |   |
| TITLE                      | <input type="checkbox"/> Delete                             |
| NAME                       |   |
| STREET ADDRESS             |   |
| CITY-ST-ZIP                |   |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|---|---|
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |

|  |                                      |
|--|--------------------------------------|
| 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: <i>John Marin</i>   | <i>Victor Yidi</i>                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |                                      |
| Date: <i>7/20/07</i>   | Daytime Phone #: <i>302 204,4250</i> |