


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90019 023 ****61.25

DOCUMENT # N97000005743

1. Entity Name
 THE GARDENS CONDOMINIUM (MIA) ASSOCIATION, INC.



40048238



Principal Place of Business
 8045 NW 7TH STREET
 MIAMI, FL 33126 US

Mailing Address
 305 ALCAZAR AVENUE
 CORAL GABLES, FL 33134 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
 7446 SW 48 ST

Suite, Apt. #, etc.
 Suite, Apt. #, etc.
 MIA, FL

City & State
 City & State

Zip
 Country
 Zip 33155
 Country USA

02132008 Chg-NP CR2E037 (12/06)

4. FEI Number
 65-0827222

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VILAR PROPERTY MANAGEMENT, INC
 7446 S.W. 48ST
 MIAMI, FL 33155

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 _____
 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, 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

TITLE	<input checked="" type="checkbox"/> PD	<input type="checkbox"/> Delete
NAME	TORRES, ANA LUCIA	
STREET ADDRESS	8050 NW 8TH ST. #210	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MENDOZA, ESTEBAN	
STREET ADDRESS	8045 NW 7 ST. #408	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE	D	<input type="checkbox"/> Delete
NAME	MIRIAM, FORMOSE	
STREET ADDRESS	8050 NW 7 ST. #304	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MORLES, HIJ DANA	
STREET ADDRESS	8050 N.W. 7TH ST #108	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE	<input checked="" type="checkbox"/> DIRE.	<input type="checkbox"/> Delete
NAME	KRISHANREA, KHANSHIA	
STREET ADDRESS	8050 N.W. ST #401	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DANIEL BRITO VPR.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8045 NW 7th ST #206	
STREET ADDRESS	MIAMI, FL 33126	
CITY-ST-ZIP		
TITLE	Angel PEREZ	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	8045 NW 7th ST TD	
STREET ADDRESS	MIA FL 33126	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" 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: _____ DATE: 2/25/08 DAYTIME PHONE # _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR