


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 28, 2005 08:00 AM
Secretary of State**

DOCUMENT # N98000004356 1. Entity Name MIAMI LAKES COMMERCE PARK - SECTION TEN OWNERS' ASSOCIATION, INC.	
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Principal Place of Business 7900 MIAMI LAKE DRIVE WEST MIAMI LAKES, FL 33016	Mailing Address 7900 MIAMI LAKE DRIVE WEST MIAMI LAKES, FL 33016
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DO NOT WRITE IN THIS SPACE



04192005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0918714	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BRAFMAN, HOWARD J ESQ 7900 MIAMI LAKE DRIVE WEST MIAMI LAKES, FL 33016
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**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000340767 04/28/05-80130-002 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRAFMAN, HOWARD J 7900 MIAMI LAKE DRIVE MIAMI LAKES, FL 33016
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BATTLE, ROBERT 7850 NW 146TH STREET MIAMI LAKES, FL 33016
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRAUN, STEPHEN 7900 MIAMI LAKES DR WEST HIALEAH, FL 33016
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Steph Braun **4/26/05 (305) 364-4101**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #