


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 08:00 A
Secretary of State

DOCUMENT # N98000004356		
1. Entity Name MIAMI LAKES COMMERCE PARK - SECTION TEN OWNERS' ASSOCIATION, INC.		
Principal Place of Business 7900 MIAMI LAKE DRIVE WEST MIAMI LAKES, FL 33016	Mailing Address 7900 MIAMI LAKE DRIVE WEST MIAMI LAKES, FL 33016	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BRAFMAN, HOWARD J ESQ 7900 MIAMI LAKE DRIVE WEST MIAMI LAKES, FL 33016		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee Is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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		
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: <u>Stephen Braun</u> 4/26/07 (305) 364-4101 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



04262007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0918714	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

U00000758029
05/23/07-80092-025 61.25
**DO NOT WRITE
IN THIS SPACE**