2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007
Secretary of State

DOCUMENT# P05000165707

Entity Name: PHT OF MIAMI LAKES MANAGEMENT CORP.

Current Principal Place of Business:

5951 N.W. 151 ST. SUITE 103
MIAMI LAKES, FL 33014

New Principal Place of Business:

8548 GLENCAIRN LANE
MIAMI LAKES, FL 33016

Current Mailing Address:

5951 N.W. 151 ST. SUITE 103
MIAMI LAKES, FL 33014

New Mailing Address:

8548 GLENCAIRN LANE
MIAMI LAKES, FL 33016

FEI Number: 20-4055584 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TORRES, PEDRO M
5951 N.W. 151 ST. SUITE 103
MIAMI LAKES, FL 33014 US

Name and Address of New Registered Agent:

TORRES, PEDRO M
8548 GLENCAIRN LANE
MIAMI LAKES, FL 33016 US

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.

SIGNATURE: _____ 04/25/2007
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPS ( ) Delete
Name: TORRES, PEDRO M
Address: 5951 N.W. 151 ST. SUITE 103
City-St-Zip: MIAMI LAKES, FL 33014

Title: DVPT ( ) Delete
Name: TORRES, HERLINA
Address: 5951 N.W. 151 ST. SUITE 103
City-St-Zip: MIAMI LAKES, FL 33014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change ( ) Addition
Name: TORRES, PEDRO M
Address: 8548 GLENCAIRN LANE
City-St-Zip: MIAMI LAKES, FL 33016

Title: DVPT (X) Change ( ) Addition
Name: TORRES, HERLINA
Address: 8548 GLENCAIRN LANE
City-St-Zip: MIAMI LAKES, FL 33016

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HERLINA TORRES DVPT 04/25/2007
Electronic Signature of Signing Officer or Director — Date