

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000165707

FILED
Apr 15, 2008
Secretary of State

Entity Name: PHT OF MIAMI LAKES MANAGEMENT CORP.

Current Principal Place of Business:

8548 GLENCAIRN LANE
MIAMI LAKES, FL 33016

New Principal Place of Business:

5803 NW 151 ST.
102
MIAMI LAKES, FL 33014

Current Mailing Address:

8548 GLENCAIRN LANE
MIAMI LAKES, FL 33016

New Mailing Address:

5803 NW 151 ST.
102
MIAMI LAKES, FL 33014

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
8548 GLENCAIRN LANE
MIAMI LAKES, FL 33016 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

04/15/2008

Electronic Signature of Signing Officer or Director

Date