


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 16, 2004 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # 471196</b><br>1. Entity Name<br>FIRST FLORIDA INDUSTRIES, INC. |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br>5900 S. W. 73RD STREET<br>STE 303<br>SOUTH MIAMI, FL 33143 | Mailing Address<br>5900 S. W. 73RD STREET<br>STE 303<br>SOUTH MIAMI, FL 33143 |
|---|---|

**DO NOT WRITE IN THIS SPACE**



01132004 No Chg-P CR2E034 (10/03)

|                                  |  |
|----------------------------------|--|
| 4. FEI Number<br>59-1585042      | Applied For<br>Not Applicable                                      |
| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |

**6. Name and Address of Current Registered Agent**

MILLER, W ROBERT  
5900 S W 73RD STREET  
STE 303  
MIAMI, FL 33143

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CD<br>MILLER, B E<br>5900 SW 73 ST #303<br>MIAMI, FL 33143       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>MILLER, CATHERINE<br>5900 SW 73 ST #303<br>MIAMI, FL 33143 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>MILLER, YOLANDA<br>5900 SW 73 ST #303<br>MIAMI, FL         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>MILLER, W. ROBERT<br>5900 SW 73 ST #303<br>MIAMI, FL 33143 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

000000006851  
01/16/04-80053-014 158.75

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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 607, 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: *Catherine Miller* Catherine Miller 1/15/04 305 665-1146  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #