


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 28, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # 471196  
 1. Entity Name  
 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 |
|---|---|



01252005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

|                                  |  |
|----------------------------------|--|
| 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

**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 \_\_\_\_\_ 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, 2005 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 |  |

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 01/28/05-80119-011 158.75

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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 1/26/05 (305) 665-1146  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #