

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90106 040 \*\*\*150.00

**DOCUMENT # 209618**

1. Entity Name  
**THE MILLER COMPANY, INC.**



Principal Place of Business  
**2601 BISCAYNE BLVD.  
POST OFFICE BOX 370308  
MIAMI, FL 33137**

Mailing Address  
**2601 BISCAYNE BLVD.  
POST OFFICE BOX 370308  
MIAMI, FL 33137**



04272005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-0821064**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

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

**RODRIGUEZ, ANTONIO  
2601 BISCAYNE BLVD  
MIAMI, FL 33137**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**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 PD  
NAME MILLER, IRVING E  
STREET ADDRESS 2601 BISCAYNE BLVD.  
CITY - ST - ZIP MIAMI, FL

TITLE DVS  
NAME GOLDSTEIN, MICHELLE  
STREET ADDRESS 2601 BISCAYNE BLVD.  
CITY - ST - ZIP MIAMI, FL

TITLE V  
NAME MILLER, ROGER  
STREET ADDRESS 2601 BISCAYNE BLVD.  
CITY - ST - ZIP MIAMI, FL 33137

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/05 (305) 576-6333**  
Date Daytime Phone #