2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 209618

1. Entity Name
THE MILLER COMPANY, INC.



04212006

FILED
May 01, 2006 08:00 AN
Secretary of State

CR2E034 (11/05)

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

			-
4.	FEI Number 59-0821064	Т	Applied For
			Not Applicable

RODRIGUEZ, ANTONIO 2601 BISCAYNE BLVD MIAMI, FL 33137

DO NOT WRITE IN THIS SPACE

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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 tifle if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.		cing	\$5.00 May Be Added to Fees						
10.	OFFICERS AND DIREC	CTORS							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER,IRVING E 2601 BISCAYNE BLVD. MIAMI, FL								
TITLE NAME STREET ADDRESS CITY -ST-ZIP	DVS GOLDSTEIN, MICHELLE 2601 BISCAYNE BLVD. MIAMI, FL				800000557134 05/17/06-80035-019 150.00				
TITLE NAME STREF1 ADDRESS CITY-ST-ZIP	V MILLER, ROGER 2601 BISCAYNE BLVD. MIAMI, FL 33137		DO NOT WRITE						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP									
TITLE NAME STREET ADDRESS CITY-ST-ZIP									
12 I bereful certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes, I further certify that the information									

12. I hereby certify that the information supplied with this tilting does not qualify for the exemptions contained 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 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 changed, or on an attachment with an address, with all others like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #