


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # 267872 1. Entity Name FIRST FLORIDA BUILDING CORPORATION	
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Principal Place of Business 5900 SW 73RD ST STE 303 SOUTH MIAMI, FL 33143	Mailing Address 5900 SW 73RD ST STE 303 SOUTH MIAMI, FL 33143
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**DO NOT WRITE IN THIS SPACE**



01252005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1005304	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  MILLER, ROBERT W 5900 S.W. 73RD ST. STE 303 MIAMI, FL 33143
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**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)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MILLER, B E 5900 SW 73 ST #303 MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MILLER, CATHERINE 5900 SW 73 ST #303 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MILLER, YOLANDA 5900 SW 73 ST #303 MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, W. ROBERT 5900 SW 73 ST #303 MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/28/05-80118-003 158.75

**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: <i>Catherine Miller</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Catherine Miller	1/26/05 Date	(305) 665-1146 Daytime Phone #
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