


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # 326261 1. Entity Name FIRST FLORIDA PROPERTIES, INC.	
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Principal Place of Business 5900 SW 73RD ST #303 MIAMI, FL 33143	Mailing Address 5900 SW 73RD ST #303 MIAMI, FL 33143
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01252005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1215484	Applied For Not Applicable
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5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

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IN THIS SPACE**

6. Name and Address of Current Registered Agent  MILLER, W ROBERT 5900 SW 73RD STREET S MIAMI, FL 33143
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when restate) 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 NAME STREET ADDRESS CITY-ST-ZIP	VD MILLER, B E 5900 SW 73RD ST #303 SO MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MILLER, CATHERINE 5900 SW 73RD ST #303 SO MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MILLER, YOLANDA 5900 SW 73RD ST #303 SO MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, W. ROBERT 5900 SW 73RD ST #303 SO MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000202651  
01/28/05-80119-010 158.75

**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)(f), 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 #