

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
**5900 S. W. 73RD STREET
STE 303
SOUTH MIAMI, FL 33143**

Mailing Address
**5900 S. W. 73RD STREET
STE 303
SOUTH MIAMI, FL 33143**



01252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1585042

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**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-STATE-ZIP
**CD
MILLER, B E
5900 SW 73 ST #303
MIAMI, FL 33143**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**SD
MILLER, CATHERINE
5900 SW 73 ST #303
MIAMI, FL 33143**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**TD
MILLER, YOLANDA
5900 SW 73 ST #303
MIAMI, FL**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**PD
MILLER, W. ROBERT
5900 SW 73 ST #303
MIAMI, FL 33143**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

1100000202653
01/28/05-80119-011 158.75

**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: Catherine Miller Catherine Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/05
Date

(305) 665-1146
Daytime Phone #