## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT #471196**

1. Entity Name

STE,303

Principal Place of Business

5900 S. W. 73RD STREET

SOUTH MIAMI, FL 33143

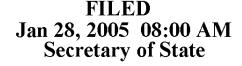
FIRST FLORIDA INDUSTRIES, INC.



Mailing Address 5900 S. W. 73RD STREET

STE 303

SOUTH MIAMI, FL 33143





## DO NOT WRITE IN THIS SPACE

No Chg-P 01252005

CR2E034 (10/03)

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

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<ol> <li>The above named entity submits this statement for the p the obligations of registered agent.</li> </ol>	urpose of changing its registered office or registered agent, or both, in the	State of Florida. I am familiar with, and accept
SIGNATURE	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 \$5.00 May Be Trust Fund Contribution.   Added to Fees	
10. OFFICERS AND DIREC	OTORS	

7	., .,	Į.
10.	OFFICERS AND DIRE	CTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MILLER, B E 5900 SW 73 ST #303 MIAMI, FL 33143	
TITLE NAME STREET ADDRESS GITY-ST-ZIP	SD MILLER, CATHERINE 5900 SW 73 ST #303 MIAMI, FL 33143	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MILLER, YOLANDA 5900 SW 73 ST #303 MIAMI, FL	,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, W. ROBERT 5900 SW 73 ST #303 MIAMI, FL 33143	
NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		

H00000202653 01/28/05-80119-011 158.75

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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: (

STREET ADDRESS CITY-ST-ZIP

AME OF SIGNING OFFICER OR DIRECTOR

Catherine Miller

1/26/05

(305) 665-1146