2006 FOR PROFIT CORPORATION

DOCUMENT # 673934 1. Edity Name ACK MILLER INC. District Process Pleas of Business Mailing Address 4840 S.W. 141 AVE. MANUE, FL 33175		AIVIE	MDED VI	NNUAL REPO	RT				***	ي مست د د د د	, ·	
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Sp. 2007892 Net Applicable Net App	Suite, Apt. #, etc.				Suite, Apt. #, etc.					CR2		
Second Country Signature Second Country Second Co	City & State			City & State	City & State							
ARROM ORLANDO, CPA 10566 N.W. 26TH ST SUITE 203 MIAMI, FL 33172 1/2 6	Zip		Country	Zip	Count	try				ed 🔲		
ARROND, CRANDO, CPA 1056 N.W. 26TH ST SUITE 203 MIAMI, FL 33172 1126		6. Name a	nd Address of Curre	ent Registered Agent				7. Name and	Address of N	ew Registere	d Agent	
12 Medical Work Avenue City Minam Springs FL Zigode State Stat	10556 N.V	V. 26TH ST									<u> </u>	
8. The above named entity submiss this statement for the purpose of changing its registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent and time if explaints. SIGNATURE Signature Special Signature	MIAMI, F	33172				Ciby						ie
8. The above named entity submiss this statement for the purpose of changing its registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent and time if explaints. SIGNATURE Signature Special Signature						. 11	n_{R}	nı Sp	rings		L 33	160
SIGNATURE SQUARE, Ripered Signature of inflottened agent and time if applicable. NOTE Registered Agent agent and event applicable. NOTE Registered Agent agent are required when intreducing DATE	8. The above	named entity s	submits this statemen	nt for the purpose of changing its	registere	d office or	registere	d agent, or bo	th, in the State	of Florida. I a	m familiar with,	and accept
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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 entrustee 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. Carmen Miller 9-19-06 305-553-1180