2005 FOR PROFIT CORPORATION

FILED Mar 23, 2005 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # G69472 1. Entity Name DEBORAH J. MILLER, P.A. Principal Place of Business Mailing Address 201 ALHAMBRA CIR 201 ALHAMBRA CIR STE 701 STE 701 CORAL GABLES, FL 33134 US CORAL GABLES, FL 33134 No Chg-P CR2E034 (10/03) 01192005 DO NOT WRITE IN THIS SPA Applied For 4. FEI Number 59-2332907 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MILLER, DEBORAH J. DO NOT WRITE 201 ALHAMBRA CIRCLE STE 701 IN THIS SPACE CORAL GABLES, FL 33134 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, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. DPS TITLE MILLER, DEBORAH J NAME U00000272956 STREET ADDRESS 201 ALHMABRA CIR. #701 03/23/05-80008-019 150.00 CITY-ST-ZIP CORAL GABLES, FL 33134 TITLE NAME STREET ADDRESS CITY-ST-ZIP BUE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-SY-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). 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.

RIGNATURE AND TYPED OR POINTED NAME OF SIGNING OFFICER OR DIRECTOR