

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2004 08:00 AM
Secretary of State

DOCUMENT # H13385

1. Entity Name
FIRST FLORIDA PROPERTIES I, INC.



Principal Place of Business
**5900 SW 73RD ST #303
5900 SW 73RD STREET - SUITE 303
S MIAMI, FL 33143**

Mailing Address
**5900 SW 73RD ST #303
5900 SW 73RD STREET - SUITE 303
S MIAMI, FL 33143**



01132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2450249

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**MILLER, WILLIAM ROBERT
5900 SW 73RD STREET
#303
S 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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	MILLER, B. E.
STREET ADDRESS	5900 SW 73RD ST #303
CITY-ST-ZIP	S MIAMI, FL
TITLE	PD
NAME	MILLER, W. ROBERT
STREET ADDRESS	5900 SW 73RD ST #303
CITY-ST-ZIP	S MIAMI, FL
TITLE	TD
NAME	MILLER, YOLANDA
STREET ADDRESS	5900 SW 73RD STREET STE 303
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	SD
NAME	MILLER, CATHERINE
STREET ADDRESS	5900 SW 73RD 303
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000006853
01/16/04-80053-016 150.00

**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

1/15/04

Date

305 665-1146

Daytime Phone #