

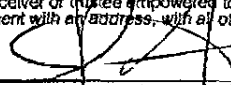


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K13778</b>						
1. Entity Name <b>MILLER ROAD PLAZA, INC.</b>						
Principal Place of Business <b>10000 SOUTHWEST 56TH ST SUITE 32 MIAMI, FL 33165 US</b>	Mailing Address <b>10000 SOUTHWEST 56TH ST SUITE 32 MIAMI, FL 33165 US</b>	  03152008 No Chg-P CRZE034 (11/05) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%; padding: 2px;">4. FEI Number <b>65-0057188</b></td><td style="width: 40%; padding: 2px;">Applied For <input type="checkbox"/> Not Applicable</td></tr><tr><td colspan="2" style="padding: 2px;">5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required</td></tr></table>	4. FEI Number <b>65-0057188</b>	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required						
<b>DO NOT WRITE IN THIS SPACE</b>						
6. Name and Address of Current Registered Agent  <b>QUINTANA, J. LUIS 338 MINORCA AVE CORAL GABLES, FL 33134</b>		<b>DO NOT WRITE IN THIS SPACE</b>				
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees  0000000475412 04/05/06-80014-015 158.75				
<b>10. OFFICERS AND DIRECTORS</b>						
TITLE	<b>DPT</b>	<b>DO NOT WRITE IN THIS SPACE</b>				
NAME	<b>RODRIGUEZ, P. NELSON</b>					
STREET ADDRESS	<b>10000 SW 56TH ST #32</b>					
CITY-ST-ZIP	<b>MIAMI, FL 33165</b>					
TITLE						
NAME						
STREET ADDRESS						
CITY-ST-ZIP						
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STREET ADDRESS						
CITY-ST-ZIP						
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.						
<b>SIGNATURE:</b> 		03/17/06 (305) 595-8220 <small>Date Daytime Phone #</small>				
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>						