

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 14, 2007 8:00 am**  
**Secretary of State**

09-14-2007 90003 006 \*\*\*158.75

<b>DOCUMENT # M95177</b> 1. Entity Name <b>PRODUCT CENTER CAPITAL CORPORATION</b>					
Principal Place of Business <b>7705 N W 48TH STREET #120 MIAMI, FL 33166 US</b>			Mailing Address <b>7705 N W 48TH STREET #120 MIAMI, FL 33166 US</b>		
2. Principal Place of Business - No P.O. Box # <b>540 Biltmore way</b>			3. Mailing Address <b>540 Biltmore way</b>		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State <b>CORAL GABLES, FL</b>			City & State <b>CORAL GABLES, FL</b>		
Zip <b>33134</b>			Zip <b>33134</b>		
Country <b>USA</b>			Country <b>USA</b>		
4. FEI Number <b>65-0066310</b>			Applied For Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>MILLER, EDWARD D. 7705 N W 48TH STREET #120 MIAMI, FL 33166</b>			7. Name and Address of New Registered Agent Name <b>MILLER, EDWARD D</b> Street Address (P.O. Box Number is Not Acceptable) <b>540 Biltmore way</b> <b>CORAL GABLES</b> City <b>CORAL GABLES FL</b> Zip Code <b>33134</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 <u><i>Edward D Miller</i></u> <b>EDWARD D MILLER, Pres</b> <b>9/12/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MILLER, EDWARD D. 7705 N W 48TH STREET #120 MIAMI, FL 33166	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MILLER, EDWARD D 540 Biltmore way CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
SIGNATURE: <u><i>Edward D Miller</i></u> <b>EDWARD D MILLER, Pres</b> <b>9/12/07</b> <b>3055672505</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					