

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000010295

**FILED**  
**Apr 30, 2004**  
**Secretary of State****Entity Name:** MILLER ESTATES HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**6161 MILLER RD  
MIAMI, FL 33155**New Principal Place of Business:****Current Mailing Address:**6161 MILLER RD  
MIAMI, FL 33155**New Mailing Address:****FEI Number:** 81-0640287**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**SORDO, CESAR R ESQ  
3006 AVIATION AVE  
SUITE 2A  
COCONUT GROVE, FL 33133 US**Name and Address of New Registered Agent:**FLORIDA CORPORATE SERVICES, LLC  
3006 AVIATION AVE  
SUITE 2A  
COCONUT GROVE, FL 33133 US

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.

SIGNATURE: CESAR R. SORDO

04/30/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LEVINE, JACK H  
Address: 6161 MILLER RD  
City-St-Zip: MIAMI, FL 33155

Title: V ( ) Delete  
Name: HENRY, MAUREEN  
Address: 5200 SW 63RD CT  
City-St-Zip: MIAMI, FL 33155

Title: V ( ) Delete  
Name: REYNAUD, BARBARA  
Address: 5105 SW 63RD CT  
City-St-Zip: MIAMI, FL 33155

Title: S ( ) Delete  
Name: SORDO, CESAR R  
Address: 3006 AVIATION AVE SUITE 2A  
City-St-Zip: COCONUT GROVE, FL 33133

Title: T ( ) Delete  
Name: RAUCHMAN, RANDIE  
Address: 5210 SW 60 PLACE  
City-St-Zip: MIAMI, FL 33155

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CESAR R. SORDO

S

04/30/2004

Electronic Signature of Signing Officer or Director

Date