


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N06309

1. Entity Name
SHIRLEY L. MILLER CHARITABLE FOUNDATION, INC.



Principal Place of Business
**2601 BISCAYNE BLVD.
 MIAMI, FL 33137**

Mailing Address
**2601 BISCAYNE BLVD.
 MIAMI, FL 33137**

DO NOT WRITE IN THIS SPACE



02232004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2469316

Applied For
 Not Applied

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

6. Name and Address of Current Registered Agent

**RODRIGUEZ, ANTONIO
 2601 BISCAYNE BLVD
 MIAMI, FL 33137**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MILLER, IRVING 2601 BISCAYNE BLVD. MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT GERSTEN, SHERRI 2601 BISCAYNE BLVD MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS GOLDSTEIN, MICHELLE 2601 BISCAYNE BLVD MIAMI, FL
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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05/03/04-90076-019 61.25

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 617, Florida Statutes; and that my name appears in Block 10 or Block changed, or on an attachment with an address, with all other like empowered.

SIGNATURE _____