


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N06309 1. Entity Name SHIRLEY L. MILLER CHARITABLE FOUNDATION, INC.	
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Principal Place of Business 2601 BISCAYNE BLVD. MIAMI, FL 33137	Mailing Address 2601 BISCAYNE BLVD. MIAMI, FL 33137
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DO NOT WRITE IN THIS SPACE



04212006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-2469316	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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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05/13/06-80075-001 61.25

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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 617, 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: Shirley L. Miller Shirley L. Miller 4/28/06 303 5766333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #