
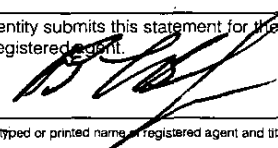


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90171 034 \*\*\*\*61.25

DOCUMENT # N06782					
1. Entity Name MILLER FOUNDATION, INC.					
Principal Place of Business 700 N.W. 107TH AVE. MIAMI, FL 33172		Mailing Address 700 N.W. 107TH AVE. MIAMI, FL 33172			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2474323	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BILZIN, BRIAN 200 S BISCAYNE BLVD SUITE 2500 MIAMI, FL 33131			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 			DATE 4/27/04		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VPAS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BILZIN, BRIAN		NAME		
STREET ADDRESS	200 S BISCAYNE BLVD, STE 2500		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP		
TITLE	PST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, SUSAN		NAME		
STREET ADDRESS	700 N.W. 107TH AVE.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, STUART		NAME		
STREET ADDRESS	700 N.W. 107TH AVE.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAIONTZ, STEVEN		NAME		
STREET ADDRESS	700 N.W. 107TH AVE.		STREET ADDRESS	9515 SW 60 Court	
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP	Miami, FL 33156	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAIONTZ, LESLIE		NAME		
STREET ADDRESS	700 N.W. 107TH AVE.		STREET ADDRESS	9515 SW 60 Court	
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP	Miami, FL 33156	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, JEFFREY S.		NAME		
STREET ADDRESS	700 N.W. 107TH AVE.		STREET ADDRESS	3800 NW 59th	
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP	Miami, FL 33142-2032	



03132004 Chg-NP CR2E037 (10/03)

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 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 

4/27/04 305-2343