


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2008 08:00 A
Secretary of State

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

DO NOT WRITE IN THIS SPACE



03242008 No Chg-NP CR2E037 (4/06)

4. FEI Number
 59-2474323

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

BILZIN, BRIAN
 200 S BISCAYNE BLVD
 SUITE 2500
 MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

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, 2008

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	VPAS BILZIN, BRIAN 200 S BISCAYNE BLVD, STE 2500 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MILLER, SUSAN 700 N.W. 107TH AVE. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, STUART 700 N.W. 107TH AVE. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAIONTZ, STEVEN 9515 SW 60 COURT MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAIONTZ, LESLIE 9515 SW 60 COURT MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, JEFFREY S 3800 NW 59TH MIAMI, FL 331422032

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U00000886746
 04/18/08-80071-001 61.25

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: _____ **3/25/08 305-229-6554**

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