2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Feb 01, 2006 08:00 AM **Secretary of State** DOCUMENT # P00000024994 1. Entity Name MILLER 88 CORPORATION Principal Place of Business Mailing Address 8800 S.W. 56 STREET 8800 S.W. 56 STREET MIAMI, FL MIAMI, FL 01102006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0990631 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MARQUEZ, PEDRO DO NOT WRITE 8800 S.W. 56 STREET MIAMI, FL IN THIS SPACE 3. 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, typed or printed name of registered agent and title it applicable (NOTE Registered Agent signature required when rainstating) DATE **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. U00000413802 02/11/06-80005-810 1**50.00** TITLE NAME MARQUEZ, PEDRO STREET ADDRESS 8800 S.W. 56 STREET CITY-ST-ZIP MIAMI, FL TITLE NAME STREET ADDRESS CITY+S7-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREE! ADDRESS CITY-ST-ZIP TITLE NAME

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 607, 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:

STREET ADDRESS CITY - S7-21P TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED

Daytime Phone #