


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 06, 2004 8:00 am**  
**Secretary of State**

08-06-2004 90002 041 \*\*\*150.00

<b>DOCUMENT # P01000109405</b> 1. Entity Name HOLLAND, SINGER & MILLER, P.A.					
Principal Place of Business 201 S BISCAYNE BLVD MIAMI, FL			Mailing Address 201 S BISCAYNE BLVD MIAMI, FL		
2. Principal Place of Business 9700 S. Dixie Highway Suite, Apt. #, etc. SUITE 900 City & State MIAMI, FL Zip 33156 Country DANE			3. Mailing Address 9700 S. Dixie Highway Suite, Apt. #, etc. SUITE 900 City & State MIAMI, FL Zip 33156 Country DANE		
6. Name and Address of Current Registered Agent  SINGER, ROBERT S 201 S BISCAYNE BLVD MIAMI, FL			7. Name and Address of New Registered Agent Name Peter A. Miller Street Address (P.O. Box Number is Not Acceptable) 9700 S. Dixie Highway Suite 900 City Miami FL Zip Code 33156		
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 <u>PETER A. MILLER</u> <i>Peter A. Miller</i> <span style="float: right;">8-3-04</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAM HOLLAND, WILLIAM 429 NE 99 ST MIAMISHORES, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SINGER, ROBERT S 1039 W 46 ST MIAMI BEACH, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, PETER A 10670 SW 137 ST 9464 SW 126 Terrace MIAMI, FL 33176	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Peter A Miller - D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9464 SW 126 Terrace MIAMI, FL 33176 Pres, VP, Secy & Treas.	
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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 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: <u>PETER A. MILLER</u> <i>Peter A. Miller</i>			8-3-04 305-670-4325 <small>Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone</small>		

54067160



07082004 Chg-P CR2E034 (10/03)

4. FEI Number  
03-0385796  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name  
Peter A. Miller  
Street Address (P.O. Box Number is Not Acceptable)  
9700 S. Dixie Highway  
Suite 900  
City  
Miami  
FL  
Zip Code  
33156

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 PETER A. MILLER *Peter A. Miller* 8-3-04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

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**Added to Fees**

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SIGNATURE: PETER A. MILLER *Peter A. Miller* 8-3-04 305-670-4325  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone