


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90095 004 ***155.00

DOCUMENT # **P01000117799**

1. Entity Name **J.F Miller Drive, Inc.**



Principal Place of Business
 11895 SW 56 ST.
 MIAMI, FL 33165 US

Mailing Address
 11895 SW 56 ST.
 MIAMI, FL 33165 US

34000041



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01242004 Chg-P CR2E034 (10/03)

City & State

City & State

Zip **33175** Country

Zip **33175** Country

4. FEI Number **01-0573903**

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

Applie For Not Applicable

6. Name and Address of Current Registered Agent

FERNANDEZ, JUANA J
20175 SW 152 STREET
MIAMI, FL 33187

7. Name and Address of New Registered Agent

Name **Fernandez, Juana J.**

Street Address (P.O. Box Number is Not Acceptable)
4330 SW 143 Avenue

City **Miami** FL Zip Code **33175**

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 *Juana J Fernandez* DATE **01-26-04**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	FERNANDEZ, JUANA J	
STREET ADDRESS	20175 SW 152 STREET	
CITY - ST - ZIP	MIAMI, FL 33187	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input checked="" type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fernandez Juana J.	
STREET ADDRESS	4330 SW 143 Avenue	
CITY - ST - ZIP	Miami FL 33175	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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: *Juana J Fernandez* DATE **01-26-04** DAYTIME PHONE **305 229-2858**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR