

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

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

05-04-2004 90165 048 \*\*\*150.00

DOCUMENT # P02000015427  
 1. Entity Name  
 PATRICIA MILLAN, P.A.



Principal Place of Business: 912 CORTEZ ST. CORAL GABLES, FL 33134  
 Mailing Address: 7105 SW 8 ST., #309 MIAMI, FL 33144



2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.

04262004 Chg-P CR2E034 (10/03)

City & State

4. FEI Number: 02-0544541  
 Applied For: Not Applicable

Zip: Country

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

6. Name and Address of Current Registered Agent  
 MILLAN, PATRICIA  
 912 CORTEZ ST.  
 CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent  
 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: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                |                                      |                                 |
|----------------|--------------------------------------|---------------------------------|
| TITLE NAME     | PD                                   | <input type="checkbox"/> Delete |
| STREET ADDRESS | MILLAN, PATRICIA                     |                                 |
| CITY-ST-ZIP    | 14748 S.W. 113TH ST. MIAMI, FL 33196 |                                 |
| TITLE NAME     |                                      | <input type="checkbox"/> Delete |
| STREET ADDRESS |                                      |                                 |
| CITY-ST-ZIP    |                                      |                                 |
| TITLE NAME     |                                      | <input type="checkbox"/> Delete |
| STREET ADDRESS |                                      |                                 |
| CITY-ST-ZIP    |                                      |                                 |
| TITLE NAME     |                                      | <input type="checkbox"/> Delete |
| STREET ADDRESS |                                      |                                 |
| CITY-ST-ZIP    |                                      |                                 |
| TITLE NAME     |                                      | <input type="checkbox"/> Delete |
| STREET ADDRESS |                                      |                                 |
| CITY-ST-ZIP    |                                      |                                 |

|                |                       |  |
|----------------|-----------------------|--|
| TITLE NAME     |                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 912 Cortez St         |  |
| CITY-ST-ZIP    | Coral Gables FL 33134 |  |
| TITLE NAME     |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |
| TITLE NAME     |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |
| TITLE NAME     |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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: Patricia Millan DATE: 4/26/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # (305) 226-3443