2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 22, 2004 08:00 AM Secretary of State

ANNUAL REPORT					Secretary of State			
DOCUMENT # P02000091117					k	seci etai	y or Stau	
MILLER'S REAL ESTATE INVESTMENTS		rs one, inc.						
612 N ORANGE AVE STE C-3 6		Maiting Address 612 N ORANGE AVE STE C-3 JUPITER, FL 33458						
DO NOT WRITE IN THIS SPA				01052004 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For 81-0566208 Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent BURLEY, MICHAEL J 612 N ORANGE AVE STE C-3 JUPITER, FL 33458				DO NOT WRITE IN THIS SPACE				
the obligation	named entity submits this statement for thi ons of registered agent Signature, wheat or printed name of registered agent and t			istered agent, or bo quired when reinstating)	oth, in the State of F	Torida I am famil	ar with, and accept	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign File Trust Fund Contribution				\$5.00 May Be Added to Fees				
TO. TITLE NAME STREET ADDRESS GHY ST ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIF D MILLER, JACK W 612 N ORANGE AVE STE C-3 JUPITER, FL 33458	ECTORS			U000 04/23/0	00125642 4-80002-0	18 150.00	
ITILE NAME STREET ADDRESS CITY ST ZIP WILE NAME STREET ADDRESS CITY ST ZIP	ZIP DDRESS			DO NOT WRITE IN THIS SPACE				
NAME STREET ADDRESS								

12. Thereby 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 artificial statutes, with all other like empowered.

CICNATUDE.

City-St-ZIP

NAME STREET ADDRESS CHY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/04

561-743.2299