

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 21, 2003 8:00 am
Secretary of State

07-21-2003 90137 050 ***558.75

0298720 AV

DOCUMENT # **P02000117652**

1. Entity Name
MILLER & JOHNSON INC.



Principal Place of Business
**11520 SW 99TH COURT
MIAMI FL 33139**

Mailing Address
**11520 SW 99TH COURT
MIAMI FL 33139**

10110251



2. Principal Place of Business

3. Mailing Address
11520 SW 99th Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
74-3068056

Applied For

Not Applicable

Zip **33176** Country

Zip **33176** Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATE CREATIONS NETWORK, INC.
941 FOURTH STREET #200
MIAMI BEACH FL 33139**

Name **ALFREDO PEREZ**
Street Address (P.O. Box Number is Not Acceptable)
11520 SW 99th Ct.
City **MIAMI** FL Zip Code **33176**

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

[Signature]

7/15/03

Signature, typed or printed name of registered agent, if applicable (NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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 Delete
NAME **D VASALLO, FRANCISCO**
STREET ADDRESS **11520 SW 99TH COURT**
CITY-ST-ZIP **MIAMI FL 33139**

TITLE Change Addition
NAME **D, P**
STREET ADDRESS **9214 SW 9th**
CITY-ST-ZIP **MIAMI, FL 33174**

TITLE Delete
NAME **D PEREZ, ALFREDO**
STREET ADDRESS **11520 SW 99TH COURT**
CITY-ST-ZIP **MIAMI FL 33139**

TITLE Change Addition
NAME **D, S**
STREET ADDRESS
CITY-ST-ZIP **33176**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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STREET ADDRESS
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TITLE Change Addition
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CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change 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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/03 305 559-4851
DATE Daytime Phone #

CR2E034 (10/02)