

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000013086

1. Entity Name
MILLER'S RIVERSIDE MARINE INC.



Principal Place of Business

**3100 STATE ROAD 84
DAVIE, FL 33312 US**

Mailing Address

**3100 STATE ROAD 84
DAVIE, FL 33312 US**

DO NOT WRITE IN THIS SPACE



02162006

No Chg-P

CR2E034 (11/05)

4. FEI Number
03-0507600

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MURDOCH, ROBERT E
790 E. BROWARD BOULEVARD
SUITE 400
FORT LAUDERDALE, FL 33301**

**DO NOT WRITE
IN THIS SPACE**

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]
Signature, typed or printed name of registered agent and title is applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

4/16/06

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000523751

05/03/06-80085-016 150.00

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **MILLER, ROBERT JR.**
STREET ADDRESS **3100 STATE ROAD 84**
CITY-ST-ZIP **DAVIE, FL 33312**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

4/16/06

DAYTIME PHONE #

934.907.1794