

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000019465

Entity Name: MILLERS GIN, INC.

FILED  
Feb 24, 2009  
Secretary of State

## Current Principal Place of Business:

12000 BISCAYNE BOULEVARD  
SUITE 504  
MIAMI, FL 33181 US

## New Principal Place of Business:

## Current Mailing Address:

12000 BISCAYNE BOULEVARD  
SUITE 504  
MIAMI, FL 33181 US

## New Mailing Address:

FEI Number: 41-2087425      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GOSLER, JOEL  
2600 ISLAND BLVD  
APT 501  
AVENTURA, FL 33160 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: VERSTEEGH, ANDREAS  
Address: 12000 BISCAYNE BOULEVARD SUITE 504  
City-St-Zip: MIAMI, FL 33181

Title: STD ( ) Delete  
Name: EHRENKRONA, JACOB  
Address: 12000 BISCAYNE BOULEVARD SUITE 504  
City-St-Zip: MIAMI, FL 33181 US

Title: PD ( ) Delete  
Name: GOSLER, JOEL  
Address: 12000 BISCAYNE BOULEVARD SUITE 504  
City-St-Zip: MIAMI, FL 33181 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOEL GOSLER

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02/24/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date