

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 01, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000084825

1. Entity Name
MILLER DRIVE FINA, INC.



Principal Place of Business
**14700 SW 56TH ST
MIAMI, FL 33185**

Mailing Address
**6921 LOCHNESS DR
MIAMI LAKES, FL 33014**



03292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0455877

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GIL, JOSE R
6921 LOCHNESS DR
MIAMI LAKES, FL 33014**

**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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

TITLE	DP
NAME	GIL, JOSE R
STREET ADDRESS	6921 LOCHNESS DR
CITY-ST-ZIP	MIAMI LAKES, FL 33014
TITLE	DT
NAME	RODRIGUEZ, MARLENE
STREET ADDRESS	6921 LOCHNESS DR
CITY-ST-ZIP	MIAMI LAKES, FL 33014
TITLE	DS
NAME	GIL, GEORGE R
STREET ADDRESS	6921 LOCHNESS DR
CITY-ST-ZIP	MIAMI LAKES, FL 33014
TITLE	DV
NAME	GIL, FRANK
STREET ADDRESS	6921 LOCHNESS DR
CITY-ST-ZIP	MIAMI LAKES, FL 33014
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/01/04-80026-021 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE R. GIL

Date

Daytime Phone #

3-21-04