


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P93000084825</b> 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
--	--



04122006 No Chg-P CR2E034 (11/05)

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

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

1100000513898  
04/29/06-80147-020 158.75

**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 *X Jose R Gil* *JOSE R. GIL* *04/11/06*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #