2008 FOR PROFIT CORPORATION

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ANNUAL REPORT					Feb 01, 2008 08:				
	MENT # P930000848				Secr	etary of S			
1. Entity Nar MILLER	^{ne} DRIVE FINA, INC.								
Principal Pla	ce of Business	Mailing Address	<u></u>						
14700 SW 56TH ST MIAMI, FL 33185		6921 LOCHNESS DR MIAMI LAKES, FL 33014		1 1880 8 W 1 11		# 18 (9) (8)((8)()	IE (BING map milyman 1) (40)		
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	OO NOT WRITE I	N I HIS SPA		4. FEI Numbe			Applied For Not Applicable		
					of Status Desired	X \$	8.75 Additional ee Required		
	6. Name and Address of Current Reg	stered Agent							
GIL, JOSE 6921 LOC	R HNESS DR			DO	NOT W	RITE			
MIAMI LA	KES, FL 33014			IN T	THIS SF	ACE			
			#15 ap		la di		**************************************		
8. The above	named entity submits this statement for the	purpose of changing its registers	ad office or register	ed agent, or bot	h, in the State of Flo	orida. I am fa	miliar with, and accept		
SIGNATURE	· ·		• • • • • • • • • • • • • • • • • • • •		1 1 2		to the state of the second		
1	Signature, typed or printed name of regulered agent and lit	e if applicable. (NOTE: Registered	d Agent signature required	when reinstating)		DATE			
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	** ** Section Campaign Finan Trust Fund Contribution.	+	00 May Be ad to Fees					
10.	OFFICERS AND DIRE	CTORS		alia ta T			99 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		
TITLE NAME	GIL, JOSE R								
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TITLE	DT					0081070			
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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 of flustee 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.

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