2004 FOR PROFIT CORPORATION ANNUAL REPORT, (AR)

indicated on this report or of the corporation of the

changed, or o SIGNATUR

Mar 10, 2004 08:00 AM DOCUMENT # P94000033851 **Secretary of State** 1. Entity Name MILLER ISLAND INVESTMENTS INC. Principal Place of Business Mailing Address 151 COLUMBAS DRIVE 151 COLUMBAS DRIVE ISLAMORADA FL 33036 ISLAMORADA FL 33036 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt #, etc. CR2E034 (11/03) 4. FEI Number City & State City & State Applied For 65-0487811 Not Applicable Country \$8.75 Additional Zip Z_{iD} Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MILLER, H. JAY Street Address (P.O. Box Number is Not Acceptable) 151 COLUMBUS DRIVE PO BOX 986 ISLAMORADA FL 33036 City Zip Code 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) BATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing Atter May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change | Addition Delete TIBLE TITLE NAME MILLER, SUZANNE NAME 151 COLUMBAS DRIVE STREET ADDRESS STREET ADDRESS CRTY-ST-7IP CITY-ST-ZIP ISLAMORADA FL 33036 ☐ Change Addition TITLE 3/31/ ☐ Detete NAME NAME U000000082726 STREET ADDRESS STREET ADDRESS 03/10/04-80003-002 150.00 CITY+ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TETLE TITLE MARKE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete RBF Change ☐ Addition TITLE NAME MAME STREET ADDRESS STREET ADDRESS C31Y - ST - ZIP CITY-ST-ZIP ☐ Change Addition 3175 \$ Delete HILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CETY-ST-ZIP Addition THILE Change | Delete TITLE HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C37Y-ST-73P supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information spiral reports true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director truetee chromered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if an address with all other like empowered. 12. I hereby certify that the information

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