

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P94000094319

1. Entity Name
H. MILLER CPA, P.A.



Principal Place of Business

ONE SE 3 AVE
10TH FLOOR
MIAMI, FL 33131 US

Mailing Address

ONE SE 3RD AVE
10TH FLOOR
MIAMI, FL 33131 US

2. Principal Place of Business

10205 S.W. 87 Court
Suite, Apt. #, etc.

3. Mailing Address

10205 S.W. 87 Court
Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number
65-0544601

Applied For
Not Applicable

Zip
33176

Country
USA

Zip
33176

Country
USA

09152005 Chg-P CR2E034 (10/03)

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

6. Name and Address of Current Registered Agent

MILLER, HARVEY
ONE SE 3RD AVE
10TH FLOOR
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name Phyllis P. Miller

Street Address (P.O. Box Number is Not Acceptable)
10205 S.W. 87 Court

City Miami FL Zip Code 33176

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

Phyllis P. Miller

Phyllis P. Miller 9/21/05

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

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	PRES MILLER, HARVEY ONE SE 3RD AVE 10TH FLOOR MIAMI, FL 33131 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/TR MILLER, PHYLLIS P 10205 S.W. 87TH COURT MIAMI, FL 33176 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Director Phyllis P. Miller 10205 S.W. 87 Court Miami, FL 33176 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR/Sec. Stephen J. Miller 7070 S.W. 108th Terr. Miami, FL 33156 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPres. Jodi M. Weiss 2977 Wentworth Weston, FL 33332 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPres. Bruce A. Miller 660 Palm Blvd. Weston, FL 33326 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Phyllis P. Miller

Phyllis P. Miller, President 9/21/05

305-59551129

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

05 SEP 22 PM 2:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Robone

SEP 23 2005

