

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000045556**

1. Entity Name  
**GENERAL I. MILLER CO.**



Principal Place of Business  
**701 BRICKELL AVE SUITE 1200  
MIAMI, FL 33131**

Mailing Address  
**P.O. BOX 831105  
MIAMI, FL 33283-1105**

**DO NOT WRITE IN THIS SPACE**



03082004 No Chg-P CR2E034 (10/03)

4. FEI Number **65-0678699** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**KENNEY, JUDITH  
777 BRICKELL AVE SUITE 1070  
MIAMI, FL 33131**

**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**

**U80000124440  
04/22/04-80045-018 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE **D**  
NAME **ESPINOSA, GUILLERMO**  
STREET ADDRESS **777 BRICKELL AVE SUITE 1070**  
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE **D**  
NAME **ESPINOSA, IVONNE M**  
STREET ADDRESS **777 BRICKELL AVE SUITE 1070**  
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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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)(b), 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:** *Guillermo Espinosa*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-19-04 305-886-8751**  
Date Daytime Phone #