


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000049348 1. Entity Name MILLER & ASSOCIATES TRADING EXPORT CO.	
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Principal Place of Business 2153 OPA LOCKA BLVD OPA LOCKA, FL 33054	Mailing Address 2153 OPA LOCKA BLVD OPA LOCKA, FL 33054
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DO NOT WRITE IN THIS SPACE



04092005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0673232	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MILLER, ASSTON G 14610 SW 156TH AVENUE MIAMI, FL 33196	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, ASTON G 14610 SW 156TH AVENUE MIAMI, FL 33196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LYEW, CHERYL 14610 SW 156TH AVENUE MIAMI, FL 33196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MILLER, RICKARDO 3390 FOXCROFT ROAD C-104 MIRAMAR, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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04/28/05-80001-014 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: ASTON MILLER *(Signature)* **04-13-05** **305 697-0421**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #