

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-01-2005 90002 015 \*\*\*150.00

<b>DOCUMENT # P99000072164</b>					
<b>1. Entity Name</b> MILLER TROPHIES AND PRINTING INC.					
<b>Principal Place of Business</b> 14628 NW 7TH AVENUE MIAMI FL 33168			<b>Mailing Address</b> 14628 NW 7TH AVENUE MIAMI FL 33168		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 65-0942614	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  MILLER, TIMOTHY 14628 NW 7 AVE MIAMI FL 33168			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when rechartering)					
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> VP	<b>NAME</b> MILLER, MARTINE	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 12325 NW 15TH AVE.	<b>CITY- ST- ZIP</b> MIAMI FL 33167		<b>NAME</b>	<b>STREET ADDRESS</b>	
<b>TITLE</b> P	<b>NAME</b> MILLER, TIMOTHY L	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 14628 NW 7TH AVENUE	<b>CITY- ST- ZIP</b> MIAMI FL 33168		<b>NAME</b>	<b>STREET ADDRESS</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete		<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>	<input type="checkbox"/> Delete		<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b>	<input type="checkbox"/> Delete		<b>STREET ADDRESS</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>CITY- ST- ZIP</b>	<input type="checkbox"/> Delete		<b>CITY- ST- ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <i>[Signature]</i>			Date: 4/14/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		