

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 14, 2007 8:00 am
Secretary of State

09-14-2007 90003 005 ***158.75

DOCUMENT #.S20234 1. Entity Name PRODUCT CENTER CORPORATION					
Principal Place of Business 7705 NW 48 ST STE 120 MIAMI, FL 33166 US			Mailing Address 7705 NW 48 ST STE 120 MIAMI, FL 33166 US		
2. Principal Place of Business - No P.O. Box # 540 Biltmore Way			3. Mailing Address 540 Biltmore Way		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State CORAL GABLES, FL			City & State CORAL GABLES, FL		
Zip 33134		Country USA		Zip 33134	
Country USA		4. FEI Number 65-0274993			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MILLER, EDWARD D 7705 NW 48 STREET STE 120 MIAMI, FL 33166			7. Name and Address of New Registered Agent Name MILLER, EDWARD D Street Address (P.O. Box Number is Not Acceptable) 540 Biltmore Way City CORAL GABLES FL Zip Code 33134		
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: <u>Edward D. Miller</u> EDWARD D. MILLER, Pres. 9/12/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD	NAME MILLER, EDWARD		TITLE PD	NAME MILLER, EDWARD	
STREET ADDRESS 7705 NW 48 ST, #120	CITY-ST-ZIP MIAMI, FL 33166		STREET ADDRESS 540 Biltmore Way	CITY-ST-ZIP CORAL GABLES, FL 33134	
TITLE ST	NAME MILLER, EDWARD		TITLE ST	NAME MILLER, EDWARD	
STREET ADDRESS 7705 NW 48 ST, #120	CITY-ST-ZIP MIAMI, FL 33166		STREET ADDRESS 540 Biltmore Way	CITY-ST-ZIP CORAL GABLES, FL 33134	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Edward D. Miller</u> EDWARD D MILLER 9/12/07 3055672505 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					