

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S36310

FILED
Apr 17, 2009
Secretary of State

Entity Name: GRACIELA L. MILLER, P.A.

Current Principal Place of Business:

4179 DAVIE ROAD
#200
DAVIE, FL 33314 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 823298
PEMBROKE PINES, FL 330823298 US

New Mailing Address:

FEI Number: 59-3071206 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MILLER, GRACIELA L. CPA
4179 DAVIE ROAD
#200
DAVIE, FL 33314 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MILLER, GRACIELA L CPA
Address: 1946 N.W. 182 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MILLER, GRACIELA L CPA
Address: 1946 N.W. 182 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33029

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GRACIELA L. MILLER

PRES

04/17/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date