


**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90556 038 \*\*\*\*75.00

<b>DOCUMENT # 724303</b>	
1. Entity Name <b>MILE APARTMENTS CONDOMINIUM, INC. THE</b>	

**DO NOT WRITE IN THIS SPACE**

**94065013**

2. Principal Place of Business <b>1560-1590 WEST 46TH STREET</b>	3. Mailing Address <b>1560-1590 WEST 46TH STREET</b>
Suite, Apt. #, etc. <b>OFFICE</b>	Suite, Apt. #, etc. <b>OFFICE</b>
City & State <b>HIALEAH, FLORIDA</b>	City & State <b>HIALEAH, FLORIDA</b>
Zip <b>33012</b>	Country <b>US</b>
Zip <b>33012</b>	Country <b>US</b>


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<b>DO NOT WRITE IN THIS SPACE</b>	4. FEI Number <b>59-1693388</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
	7. Name and Address of Current Registered Agent	
	Name <b>FELIX DELGADO</b>	
Street Address (P.O. Box Number is Not Acceptable)		
<b>1570 WEST 46TH STREET #109</b>		
City <b>HIALEAH</b>		FL Zip Code <b>33012</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.		
SIGNATURE 	<b>FELIX DELGADO</b>	DATE <b>04/12/2004</b>

<b>FEE IS \$61.25</b> <b>Initial or Amended UBR</b>	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P FELIX DELGADO 1570 WEST 46TH STREET #109 HIALEAH FL 33012</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V ENRIQUE RUANO 1590 WEST 46TH STREET #235 HIALEAH FL 33012</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T RAMON PEREZ 1570 WEST 46TH STREET #220 HIALEAH FL 33012</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S VIOLETA DAVILA 1580 WEST 46TH STREET #246 HIALEAH FL 33012</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D JUANA DAVILA 1590 WEST 46TH STREET #117 HIALEAH FL 33012</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D RAQUEL GARCIA 1560 WEST 46TH STREET #105 HIALEAH FL 33012</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address with an other like empowerment.			
SIGNATURE: 	<b>FELIX DELGADO</b>	DATE <b>04/12/2004</b>	(305)558-7808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E037B (12/02)