

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000128616

**Entity Name:** MILES OF SMILES RIDES INC.

**Current Principal Place of Business:**

10530 72ND ST. N  
# 705  
LARGO, FL 33777

**Current Mailing Address:**

10530 72ND ST. N  
# 705  
LARGO, FL 33777 US

**FEI Number:** 38-3771030

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

LONG, STUART J  
13661 126TH AVE.  
LARGO, FL 33774 US

*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

**Officer/Director Detail :**

Title	P	Title	VP
Name	LONG, STUART J	Name	LONG, BRENDA D
Address	13661 126TH AVE.	Address	13661 126TH AVE.
City-State-Zip:	LARGO FL 33774	City-State-Zip:	LARGO FL 33774

*I hereby 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 all other like empowered.*

**SIGNATURE:** STUART J. LONG

**PRESIDENT**

**02/10/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date