

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 372748

FILED
Mar 14, 2008
Secretary of State

Entity Name: MYLES UNLIMITED, INC.

Current Principal Place of Business:

3160 CORAL WAY
MIAMI, FL 33145 US

New Principal Place of Business:

2931 LOUISE STREET
COCONUT GROVE, FL 33133 US

Current Mailing Address:

2931 LOUISE STREET
COCONUT GROVE, FL 33133733 US

New Mailing Address:

FEI Number: 20-1384583 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORRIS, AARON M
2931 LOUISE STREET
COCONUT GROVE, FL 33133733 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: TD () Delete
Name: MORRIS, AARON M
Address: 2931 LOUISE ST
City-St-Zip: COCONUT GROVE, FL 33133733 US

Title: PD () Delete
Name: ANNA, MORRIS
Address: 2931 LOUISE ST
City-St-Zip: COCONUT GROVE, FL 33133733 US

Title: SD () Delete
Name: LEONARD, KEITH
Address: 2851 WEST TRADE AVENUE
City-St-Zip: COCONUT GROVE, FL 33133

Title: VPD (X) Delete
Name: KONOPISOS, DEAN
Address: 7725 SW 95 TER
City-St-Zip: MIAMI, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: AARON M. MORRIS

TD

03/14/2008

Electronic Signature of Signing Officer or Director

Date