

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2007 08:00 AM
Secretary of State

DOCUMENT # F06000006912

1. Entity Name
MILES AUTOMOTIVE GROUP, LTD. CORPORATION



Principal Place of Business
**24955 PACIFIC COAST HWY STE B201
MALIBU, CA 90265**

Mailing Address
**24955 PACIFIC COAST HWY STE B201
MALIBU, CA 90265**



01052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2855558

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

U00000602136

01/26/07-80077-022 150.00

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	RUBIN, MILES
STREET ADDRESS	42 WEST 39TH ST
CITY - ST - ZIP	NEW YORK, NY 10018
TITLE	CEO
NAME	HIRSCH, ROBERT D
STREET ADDRESS	876 CRATER OAK DR
CITY - ST - ZIP	CALABASAS, CA 91302
TITLE	P
NAME	KILEY, KEVIN
STREET ADDRESS	42 WEST 39TH ST
CITY - ST - ZIP	NEW YORK, NY 10018
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: D. J. H. Q.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-07 310-456-6237
Date Daytime Phone #