2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007819

2380 NW 100TH STREET

MIAMI, FL 33147

Address:

City-St-Zip:

FILED Apr 21, 2006 Secretary of State

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|---|---|--------------------------------|---|--|--|--|
| Entity Nar | ne: MILE NO | VISI OF MIAMI, INC. | | | | |
| Current P | rincipal Place | of Business: | New Princ | New Principal Place of Business: | | |
| 841 NW 10 PLANTATI | 08 AVE ON, FL 33324 | Į. | | | | |
| Current M | ailing Addres | ss: | New Maili | New Mailing Address: | | |
| 841 NW 108 AVE PLANTATION, FL 33324 | | | | P.O. BOX 450040 FT. LAUDERDALE, FL 33345 | | |
| FEI Number: 75-3130387 FEI Number Applied For () FEI N | | | FEI Number Not Appl | licable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent: | | | | | | |
| |)8 AVE ON, FL 33324 | | | | | |
| in the State | | submits this statement for the | purpose of changing i | ts registered | d office or registered agent, or both, | |
| SIGNATUR | | | | | | |
| | Electron | nic Signature of Registered Ag | ent | | Date | |
| OFFICERS | S AND DIREC | TORS: | ADDITION | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | |
| Title: Name: Address: City-St-Zip: | PD (AMOAH, DIVIN 841 NW 108 A' PLANTATION, | /E | Title: Name: Address: City-St-Zip: | | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | SD (AMOAH, VIVIAI 56 SPINNING \ TAMARAC, FL | VHEEL LANE | Title: Name: Address: City-St-Zip: | SD ABODAKPI, 475 TALABE WESTON, F | RA ROAD | |
| Title: Name: | TD (QUARCOO, PA |) Delete ULINE | Title: Name: | | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: DIVINE E. AMOAH P/D 04/21/2006