2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 23, 2008 8:00 am Secretary of State

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DOCUMENT # N02000007819 Entity Name MILE NOVISI OF MIAMI, INC. 40077336 Principal Place of Business Mailing Address 841 NW 108 AVE P.O. BOX 450040 PLANTATION, FL 33324 FT. LAUDERDALE, FL 33345 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 11260 WI. SUNRISE BLUD Suite, Apt. #, etc. 03282008 CR2E037 (12/06) 4. FEI Number 75-3130387 Applied For City & State City & State PLANTATION FL. Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AMOAH, DIVINE E Street Address (P.O. Box Number is Not Acceptable) 841 NW 108 AVE PLANTATION, FL 33324 11260 W. SUNRISE, BLVD 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Due by May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Delete TITI F ☐ Addition TITLE Change NAME AMOAH, DIVINE E NAME 11260 W. SUNDISE BLYD STREET ADDRESS 841 NW 108 AVE STREET ADDRESS PLANTATION: FL-33324 CITY-ST-ZIP PLANTATION, FL. 33323 CITY - ST - ZIP SD TITLE ☐ Delete TITLE ☐ Change Addition SIKAH, BEATRICE NAME NAME STREET ADDRESS 22036 SW 93RD PLACE STREET ADDRESS MIAMI, FL 33190 CITY-ST-ZIP CITY-ST-ZIP TITLE TD TITLE ☐ Delete QUARCOO, PAULINE 1805 SANS SUSIE BLVD,#419 NAME NAME 2380 NW 100TH STREET STREET ADDRESS STREET ADDRESS NORTH MIAMI, FL. 33181 MIAMI, FL 33147-CITY - ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-7IP CITY-ST-ZIP

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 617, 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.

TITLE

NAME

STREET ADDRESS CITY - ST - ZIP

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NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

4/2/08

786 586 4643

Daytime Phone #

☐ Change

Addition