



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91005 026 \*\*\*150.00

DOCUMENT # P02000106115					
1. Entity Name MILE FASHION, INC.					
Principal Place of Business 7167-69 WEST FLAGLER STREET MIAMI, FL 33126			Mailing Address 7167-69 WEST FLAGLER STREET MIAMI, FL 33126		
2. Principal Place of Business <i>8906 West Flagler St.</i>		3. Mailing Address <i>8906 West Flagler St.</i>			
Suite, Apt. #, etc. <i>209</i>		Suite, Apt. #, etc. <i>209</i>		01152004 Chg-P CR2E034 (10/03)	
City & State <i>MIAMI, FL.</i>		City & State <i>MIAMI, FL.</i>		4. FEI Number 51-0430857	
Zip <i>33174</i>		Zip <i>33174</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  RODRIGUEZ, DORA MILENA 7167-69 WEST FLAGLER STREET MIAMI, FL 33126			7. Name and Address of New Registered Agent Name <i>DORA MILENA RODRIGUEZ</i> Street Address (P.O. Box Number is Not Acceptable) <i>8906 West Flagler St. Ste. 209</i> City <i>MIAMI</i> FL Zip Code <i>33174</i>		
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 <i>[Signature]</i> <i>DORA MILENA RODRIGUEZ</i> 04/26/2004 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTD RODRIGUEZ, DORA MILENA 8906 WEST FLAGLER ST UNIT 214 MIAMI, FL 33174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RODRIGUEZ, RODOLFO 8906 WEST FLAGLER ST UNIT 214 MIAMI, FL 33174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>[Signature]</i> <i>DORA MILENA RODRIGUEZ</i> 04/26/2004 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date Daytime Phone #					