2004 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P03000064091



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1. Entity Name **C & L MILES INCORPORATED**

Principal Place of Business

Mailing Address

City & State

5982 NW 16TH STREET SUNRISE, FL 33313

5982 NW 16TH STREET SUNRISE, FL 33313

2. Principal Place of Business Suite Apt. #, etc. SUNTISE SUMME

06222004

CR2E034 (10/03)

Fee Required

Zip Code

DATE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

FILED

Sep 01, 2004 8:00 am Secretary of State

09-01-2004 90005 004 ***150 00

Applied For 067845 \$8.75 Additional 5. Certificate of Status Desired

Not Applicable

54071297

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

OFFICERS AND DIRECTORS

RAMSAWAK, BAL 1779 NW 91ST AVE CORAL SPRING, FL 33071

SIGNATURE

10.

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	

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.

11.

City

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

DP ☐ Defete TITLE ☐ Change Continuation ... TITLE NAME MILES, COLIN NAME **5982 NW 16TH STREET** STREET ADDRESS STREET ADDRESS SUNRISE, FL 33313 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change TITLE ☐ Addition TITLE 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-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:

NTED NAME OF SIGNING OFFICER OR DIRECTOR

144achnet 54071297

Letter Number: 204A00041265

FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

June 22, 2004

C & L MILES INCORPORATED 5982 NW 16TH STREET SUNRISE, FL 33313-4708

SUBJECT: C & L MILES INCORPORATED

Ref. Number: P03000064091

Upon receipt of your letter and/or check(s) totaling \$150.00, no document was found. Please send your document with any fees due to:

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

The only provision the Division of Corporations has for waiver of the \$400.00 late fee is due to non-receipt of the original uniform business report (UBR). A letter stating non-receipt will need to accompany the completed UBR.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Tina Roberts
Document Specialist

Dear No Roberts: Tove. ## \$129/04

Dear No Roberts: Tove. ## \$13000064091

Reference Letter dated 6/22/04
letter 4 204 A000 41265. The Uniform Business Report was
not received by me for the filing of the Corporations
report. As a result I am enclosing the organish
filing fee and the previous documents submitted

Sincerely Collin Miles