


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90011 028 ***150.00

DOCUMENT # P03000147857	
1. Entity Name MILES BUILDERS & ASSOCIATES, INC.	

Principal Place of Business 9450 SW 72ND ST SUITE 203 MIAMI FL 33173	Mailing Address 9450 SW 72ND ST SUITE 203 MIAMI FL 33173
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54016322



MOORE CR2E034 (11/03)

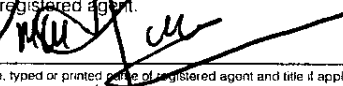
2. Principal Place of Business 6971 NW 82 AVE	3. Mailing Address 6971 NW 82 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State MIAMI, FL	City & State MIAMI, FL
Zip 33166	Zip 33166
Country US	Country US

4. FEI Number 65-1213133	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent INCORPORATE USA, INC. 3150 SANDY RIDGE DR CLEARWATER FL 33173	
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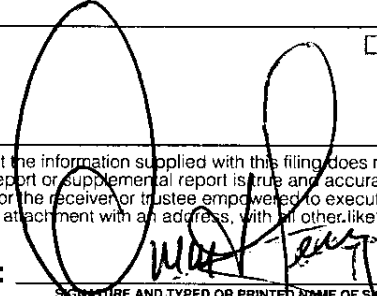
7. Name and Address of New Registered Agent	
Name OMAR PEREZ	
Street Address (P.O. Box Number is Not Acceptable) 6971 NW 82 AVE	
City MIAMI	FL Zip Code 33166

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 	DATE 3/5/04

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE P, S	<input type="checkbox"/> Delete
NAME GANEM, DIANE	
STREET ADDRESS 9450 SW 72 ND ST, SUITE 203	
CITY-ST-ZIP MIAMI FL 33173	
TITLE VP	<input type="checkbox"/> Delete
NAME PEREZ, OMAR	
STREET ADDRESS 6735 SW 50 TERRACE	
CITY-ST-ZIP MIAMI FL 33155	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 6971 NW 82 AVE	
CITY-ST-ZIP MIAMI, FL 33166	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: 	DATE 3/5/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR OMAR PEREZ, VP	Daytime Phone # 305-412-1200