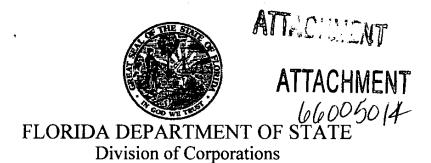
2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000134235

FILED Mar 14, 2006 8:00 am Secretary of State 01-19-2006 90078 030 ***150.00

1. Entity Name MILEX SERVICES INC.									
Principal Place of Business 1292 W 26 PLACE #203 HIALEAH, FL 33010		Mailing Address 1292 W 26 PLACE #203 HIALEAH, FL 33010		66005014					
2. Principal P	tace of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01072006	Chg-P	CR2E034	(11/05)	
City & State		City & State			4. FEI Number			plied For of Applicable	
Zip	Country Zip Cox		Coun	try	5. Certificate	of Status Desired		8.75 Ack e Require	
	6. Name and Address of Current		7. Name and	Address of New R	egistered Age	ent			
ALFONSO, ALEXANDER				Name					
1292 W 26 PLACE #203 HIALEAH, FL 33010				Street Address (P.O. Bax Number is Not Acceptable)					
				City		 	FL	Zíp God	e
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 existerior agent. SIGNATURE									
GG/A/O/ALI	Signature, sypac) or crittled name of regulared agen	and title it emplicable. (NOT	L: Registers	d Agent signature required	d when reinstating)		DATE		
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Selection Campaign Financing Trust Fund Contribution.					.00 May Be led to Fees				
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OFF	CERS AND D	RECTORS	S IN 11
TITLE NAME STREET ACCITESS CITY-ST-ZIP	PD ALFONSO, ALEXANDER 1292 W 28 PLACE #203 HIALEAH, FL 33010	☐ Delete					C] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Deleta					C	Change	Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Deleta						Change	☐ Addision
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defets		•			E] Change	Addition
TITLE MAME STREET ADDRESS CITY-SI-ZIP		☐ Deficie					C	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Deleto					С	Change	☐ Addition
12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 1.19. 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 cath; that I am an officer or director of the corporation or the reporter of truetee 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 attandment with the address, with all other like empowered.									

SIGNATURE



January 25, 2006

MILEX SERVICES INC. 1292 W 26 PLACE #203 HIALEAH, FL 33010

Subject: MILEX SERVICES INC.

Reference Number:

P05000134235

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/CJ ANNUAL REPORTS SECTION