

04/25/2007 14:01 385-445-4971

2007 FOR PROFIT CORPORATION ANNUAL REPORT

07 MAY 29 AM 8:22
STATE
TALLAHASSEE, FLORIDA

40096790



DOCUMENT # P06000146289			
1. Entry Name MILES INTERNATIONAL INVESTMENTS GROUP, INC.			
Principal Place of Business WILLIAM H. ALBORNOZ, ESQUIRE 901 PONCE DE LEON BLVD., SUITE 601 CORAL GABLES, FL 33134		Mailing Address WILLIAM H. ALBORNOZ, ESQUIRE 901 PONCE DE LEON BLVD., SUITE 601 CORAL GABLES, FL 33134	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Subs. Act. #, etc.		Subs. Act. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. FBI number		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 ALBORNOZ, WILLIAM H ESQ. 901 PONCE DE LEON BLVD. SUITE 601 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entry 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 _____ <small>Signature, license or other name of registered agent and state if applicable. (NOTE: Registered Agent signature required when necessary.)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fee	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RESTREPO, EMILIO <input type="checkbox"/> Delete % 601 PONCE DE LEON BLVD., SUITE 601 CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RESTREPO, JUAN J <input type="checkbox"/> Delete % 601 PONCE DE LEON BLVD., SUITE 601 CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 in an agent's possession 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 addendum with an address, with all other like information.			
SIGNATURE:		23-04-07 305-444-0741	