FILED 2008 FOR PROFIT CORPORATION ANNUAL REPORT May 02, 2008 08:00 Al

DOCUMENT # P94000019842 1. Entity Name MIELE BROTHERS MANAGEMENT, INC.				Šecretary of Sta		
Principal Plac 2421 SW 12 DAVIE, FL 3	7TH AVE	tailing Address 2421 SW 127TH AVE DAVIE, FL 33325			1900 BISU BBUL BBUL BBU	
D	OO NOT WRITE I		CE	04212008 4. FEI Numbe 65-046	No Chg-P	CR2E034 (11/05) Applied For Not Applicable \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent MIELE, VERONICA 2421 SW 127TH AVE DAVIE, FL 33325 8. The above named entity submits this statement for the purpose of changing its registere the obligations of registered agent.			DO NOT WRITE IN THIS SPACE ed office or registered agent, or both, in the State of Florida. I am familiar with, and accept			
SIGNATURE.	Signature, typed or printed name of registered agent and title	e if applicable. (NOTE: Registere	d Agent signature required	when reinstating)		DATE
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution		.00 May Be ed to Fees		
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DIRE D MIELE, VERONICA 2421 SW 127TH AVE DAVIE, FL 33325	TCTORS			U000008 05/30/08-6	946496 30050-023 150.00
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME					NOT W	

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 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:

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR