

**2009 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 13, 2009  
Secretary of State**

DOCUMENT# P94000061713

Entity Name: MILES ENTERPRISES, INC.

**Current Principal Place of Business:**

880 NW 153 ST  
MIAMI, FL 33169 US

**New Principal Place of Business:**

**Current Mailing Address:**

880 NW 153 ST  
MIAMI, FL 33169 US

**New Mailing Address:**

FEI Number: 65-0515864      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SHAHADY, THOMAS R ESQ  
350 E. LAS OLAS BLVD  
STE 1700  
FORT LAUDERDALE, FL 33301 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MILES, RUEL  
Address: 880 NW 153 ST  
City-St-Zip: MIAMI, FL 33169 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: MILES, ALPHANSO R  
Address: 880 NW 153 ST  
City-St-Zip: MIAMI, FL 33169 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUEL MILES

P

02/13/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date