

**ANNUAL REPORT**

**FILED**  
**Jan 27, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # S11279**

1. Entity Name  
**MIELE'S MOTORS, INC.**



Principal Place of Business

30 S FEDERAL HWY  
 LAKE WORTH, FL 33460

Mailing Address

30 S FEDERAL HWY  
 LAKE WORTH, FL 33460

**DO NOT WRITE IN THIS SPACE**

01252005

No Chg-P

CR2E034 (10/03)

4. FEI Number

65-0227953

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
 Fee Required

**6. Name and Address of Current Registered Agent**

MIELE, DONALD B.  
 30 S FEDERAL HWY  
 LAKE WORTH, FL 33460

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
 Trust Fund Contribution.



**\$5.00** May Be  
 Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE **S**  
 NAME **MIELE, DONALD B.**  
 STREET ADDRESS **30 S FEDERAL HWY**  
 CITY-ST-ZIP **LAKE WORTH, FL**

TITLE **DV**  
 NAME **MIELE, ANN MARIE**  
 STREET ADDRESS **30 S FEDERAL HWY**  
 CITY-ST-ZIP **LAKE WORTH, FL**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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01/27/05-80042-021 150.00

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:

*Ann Marie Miele*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/25/05 561-585-5505