


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # S76386 1. Entity Name FREDDY L. MILES, INC.	
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Principal Place of Business 2550 NE 5 AVE POMPANO BEACH FL 33064	Mailing Address 2550 NE 5 AVE POMPANO BEACH FL 33064
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	4. FEI Number 65-0280213
City & State	City & State	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent

ROSENBERG, ARTHUR R.
2691 E OAKLAND PARK BLVD
SUITE 400
FT LAUDERDALE FL 33306

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 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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD <input type="checkbox"/> Delete MILES, FRED 2550 NE 5 AVE POMPANO BEACH FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD <input type="checkbox"/> Delete STEBBINS, DAVID A 2550 NE 5 AVE POMPANO BEACH FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD <input type="checkbox"/> Delete DHAVELOOSE, RONALD 2550 NE 5TH AVE. POMPANO BEACH FL 33064
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add <div style="text-align: right;"> 1100001511744 04/29/06-80058-018 150.00 </div>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Freddy L Miles Pres* **Freddy L Miles Pres** 4-11-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #