2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2006 08:00 AM
Secretary of State

DOCUMENT # G19283

1. Entity Name
MILANO CREATIONS, INC.

Principal Place of Business	Mailing Address
208 NEWBRIDGE RD. PO BOX 927 HICKSVILLE, NY 11801	208 NEWBRIDGE RD. PO BOX 927 HICKSVILLE, NY 11801

DO NOT WRITE IN THIS SPACE

03022006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2259934
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KASENDORF, RAY
2671 EMORY DR E
W PALM BCH, FL 33415

DO NOT WRITE IN THIS SPACE

6. 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

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

000000462535
03/21/06-80059-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	KASENDORF, RAY
STREET ADDRESS	2671 EMORY DR E
CITY-ST-ZIP	W PALM BCH, FL 33415
TITLE	SD
NAME	KASENDORF, MARION
STREET ADDRESS	2671 EMORY DR, EAST
CITY-ST-ZIP	WEST PALM BEACH, FL 33415
TITLE	PD
NAME	KASENDORF, MICHAEL
STREET ADDRESS	33 LONGRIDGE RD.
CITY-ST-ZIP	PLAINVIEW, NY 11803
TITLE	DV
NAME	SMITH, JAMES
STREET ADDRESS	3789 TRADING PT. LANE
CITY-ST-ZIP	VIRGINIA BCH, VA 23452
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ MICHAEL KASENDORF, PRES. 3/2/06 516-433-6884
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #