2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2009
Secretary of State

DOCUMENT# G19283

Entity Name: MILANO CREATIONS, INC.

Current Principal Place of Business:

208 NEWBRIDGE RD.
PO BOX 927
HICKSVILLE, NY 11801

New Principal Place of Business:

208 NEWBRIDGE RD.
HICKSVILLE, NY 11801

Current Mailing Address:

208 NEWBRIDGE RD.
PO BOX 927
HICKSVILLE, NY 11801

New Mailing Address:

208 NEWBRIDGE RD.
HICKSVILLE, NY 11801

FEI Number: 59-2259934 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KASENDORF, RAY
2671 EMORY DR E
W PALM BCH, FL 33415 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: TD ( ) Delete
Name: KASENDORF, RAY,
Address: 2671 EMORY DR E
City-St-Zip: W PALM BCH, FL 33415

Title: SD ( ) Delete
Name: KASENDORF, MARION,
Address: 2671 EMORY DR, EAST
City-St-Zip: WEST PALM BEACH, FL 33415

Title: PD ( ) Delete
Name: KASENDORF, MICHAEL,
Address: 33 LONGRIDGE RD.
City-St-Zip: PLAINVIEW, NY 11803

Title: VD ( ) Delete
Name: KASENDORF, RUTH
Address: 33 LONGRIDGE RD
City-St-Zip: PLAINVIEW, NY 11803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: MICHAEL KASENDORF PRES 03/13/2009
Electronic Signature of Signing Officer or Director Date