


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L01000000670 1. Entity Name MILCOS, L.L.C.	
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Principal Place of Business 3381 N.W. 97 AVE. MIAMI, FL 33172	Mailing Address 3389 N.W. 97 AVENUE MIAMI, FL 33172
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**DO NOT WRITE IN THIS SPACE**



04192005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-1077125	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent  SANCHEZ, SERGIO 3381 N.W. 97 AVE. MIAMI, FL 33172
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**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

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SANCHEZ, SERGIO 17050 NORTH BAY RD., #1207 SUNNY ISLES, FL 33160
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM REY, PABLO 13233 S.W. 43 STREET DAVIE, FL 33330
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000324017  
04/22/05-80076-014 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date: 4-20-05 Daytime Phone #: 305-436-9220