


**2004 FOR PROFIT CORPORATION**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 OCT -7 AM 9:37

**DOCUMENT # P01000084564**  
1. Entity Name  
**MILIAM CORPORATION**



**Principal Place of Business**      **Mailing Address**  
7951 SW 40 STREET      7951 SW 40 STREET  
SUITE 206      SUITE 206  
MIAMI, FL 33155      MIAMI, FL 33155

4/26/04 80131 017 \$150.<sup>00</sup>

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

10062004    REIN-P      CR2E098 (6/04)

City & State      City & State

4. FEI Number      Applied For  
**65-1136171**      Not Applicable

Zip      Country      Zip      Country

5. Certificate of Status Desired       \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**  
  
TRUJILLO, LILIA  
1247 ALTON ROAD  
MIAMI BEACH, FL 33139

**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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2005, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PVST	<input type="checkbox"/> Delete		TITLE	PS	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TRUJILLO, LILIA			NAME	Naz, Mirtha G		
STREET ADDRESS	1247 ALTON ROAD			STREET ADDRESS	1247 Alton Rd.		
CITY-ST-ZIP	MIAMI BEACH, FL 33139			CITY-ST-ZIP	Miami Beach, FL 33139		
TITLE	D	<input type="checkbox"/> Delete		TITLE	VPD	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TRUJILLO, LILIA			NAME	Trujillo, Lilia		
STREET ADDRESS	1247 ALTON ROAD			STREET ADDRESS	1247 Alton Rd.		
CITY-ST-ZIP	MIAMI BEACH, FL 33139			CITY-ST-ZIP	Miami Beach, FL 33139		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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:** \_\_\_\_\_ **10-6-04** **305-261-0251**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #