2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000088699

1. Entity Name
MILAM COMMERCE BUSINESS CENTER INC.

Principal Place of Business	Mailing Address
7374 NW 72 AVE MIAMI, FL 33166	5000 NW 74 AV MIAMI, FL 33166

DO NOT WRITE IN THIS SPACE

04102007   No Chg-P   CR2E034 (11/05)

4. FEI Number 65-1142703	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

LEDESMA, MANUEL
8955 SW 75 ST
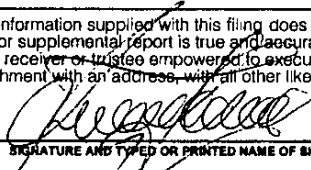MIAMI, FL 33166

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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

FILE NOW!!! FEE IS $150.00 **After May 1, 2007 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LEDESMA, MANUEL
STREET ADDRESS	8955 SW 75 STREET
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	ST
NAME	LEDESMA, YOLANDA
STREET ADDRESS	8955 SW 75 STREET
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/27/07-80051-021 158.75

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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: _MANUEL J CEDESMA P_ 04-13-07 (305) 592-4178

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #