


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90046 016 ***150.00

DOCUMENT # P01000106601

1. Entity Name
INVERSIONES MILAZZO, CORP.



Principal Place of Business Mailing Address

**10540 NW 26TH ST
 STE 101G
 MIAMI, FL 33172** **10540 NW 26TH ST
 STE 101G
 MIAMI, FL 33172**

2. Principal Place of Business 3. Mailing Address

10544 NW 26 ST **10544 NW 26 ST**

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

SUITE E-101 **SUITE E-101**


City & State City & State

MIAMI FL **MIAMI FL**

Zip Country Zip Country

33172 **U.S.A** **33172** **U.S.A**

00010101



01302006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For

26-0020644 Not Applicable

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

6. Name and Address of Current Registered Agent

**RODRIGUEZ, ANDRES
 141 NE 3RD AVE., STE 406
 MIAMI, FL 33132**

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 _____ 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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> Delete
P	MENDEZ, JOSE M	7149 NW 111 AVENUE	MIAMI, FL 33178	<input type="checkbox"/>
V	DE MENDEZ, RUTH L	10540 NW 26 ST., SUITE G-102	MIAMI, FL 33172	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	10544 NW 26 ST SUITE E101	MIAMI FL 33172		<input checked="" type="checkbox"/>	<input type="checkbox"/>
	10544 NW 26 ST SUITE E101	MIAMI FL 33172		<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *[Signature]* Date: 01/30/06 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR