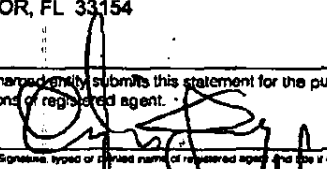
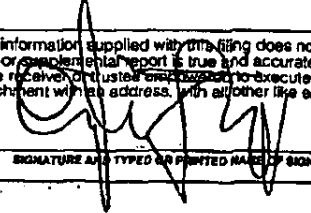


FILED
Jul 09, 2004 8:00 am
Secretary of State

04-28-2004 90200 034 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000127948			
1. Entity Name MILO SMILE AGENCY, INC.			
Principal Place of Business C/O LAW OFFICES OF SALLY N. SAWH, P.A. 1054 KANE CONCOURSE BAY HARBOR, FL 33154		Mailing Address C/O LAW OFFICES OF SALLY N. SAWH, P.A. 1054 KANE CONCOURSE BAY HARBOR, FL 33154	
2. Principal Place of Business 520 Brickell Key Drive-520 Brickell Key Dr. Suite, Apt. #, etc. A-1716 City & State Miami, FL Zip 33131 Country USA		3. Mailing Address 520 Brickell Key Dr. Suite, Apt. #, etc. A-1716 City & State Miami, FL Zip 33131 Country USA	
4. FEI Number 04222004 Chg-P CR2E034 (10/03)		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SAWH, SALLY N ESQ. 1054 KANE CONCOURSE 1054 KANE CONCOURSE BAY HARBOR, FL 33154		7. Name and Address of New Registered Agent Name Giuseppe Cuoghi Street Address (P.O. Box Number is Not Acceptable) 520 Brickell Key Drive #A-1716 City Miami FL Zip 33131	
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 04/23/2004 (NOTE: Registered Agent signature required when reappointing)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition CUOGHI GIUSEPPE 520 BRICKELL KEY DRIVE APT. A1716 MIAMI FL. 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition MARCO BUSANELLI 520 BRICKELL KEY DRIVE APT. A1716 MIAMI FL. 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 authorized 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 the address, with all other like empowered. SIGNATURE:  DATE 4/23/04 09:347-5615 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

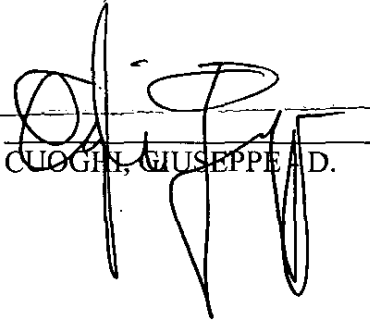
Attachment

June 8th, 2004

66429724
#PO 3000127948

CUOGHI, GIUSEPPE - DIRECTOR
520 BRICKELL KEY DRIVE
APT. A-1716
MIAMI, FL 33131

MARCO BUSANELLI - DIRECTOR
520 BRICKELL KEY DRIVE
APT. A-1716
MIAMI, FL 33131


CUOGHI, GIUSEPPE D.