

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # 407198

1. Entity Name
MIL IMPORT, INC



Principal Place of Business
**7278 - 80 N.W. 25 STREET
MIAMI, FL 33122**

Mailing Address
**7278 - 80 N.W. 25 STREET
MIAMI, FL 33122**



01112006 No Chg-P CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1411137	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GLATZER, WOLF
7278 - 880 NW 25TH STREET
MIAMI, FL 33122**

**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

**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
**DS
GLATZER, SILVIA F.
1115 SW 101ST AVENUE
MIAMI, FL 33174**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**DP
GLATZER, WOLF
1115 SW 101 AVENUE
MIAMI, FL 33174**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**DVT
GLATZER, DAVID L
1115 SW 101ST AVENUE
MIAMI, FL 33174**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

000000423851
02/18/06-80022-018 158.75

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IN THIS SPACE**

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. ☐ I am attaching with an address, with all other like empowered.

SIGNATURE: **W. Glatzer Wolf Glatzer PRESIDENT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-06 (305) 592-5022
Date Daytime Phone