

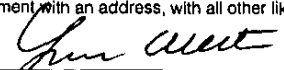


**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 485565</b> 1. Entity Name <b>L. MILTON CONSTRUCTION CORP.</b>			
Principal Place of Business <b>3711 SW 27TH STREET MIAMI, FL 33134 US</b>		Mailing Address <b>3711 SW 27TH STREET MIAMI, FL 33134 US</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		 01252007 No Chg-P CR2E034 (11/05)	
		4. FEI Number <b>59-1618551</b> Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MILTON, LAZARO 3711 SW 27TH STREET MIAMI, FL 33134</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		PD MILTON, LAZARO 3711 SW 27TH STREET MIAMI, FL 33134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		SD ALEXANDER MILTON 2700 S W 23RD TERRACE MIAMI, FLORIDA 00000,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VD MILTON, MAURICE 2700 S W 23RD TERRACE MIAMI, FLORIDA 00000,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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: 		1-29-07 305-444-8326	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	