

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 15, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # 485565

1. Entity Name  
L. MILTON CONSTRUCTION CORP.



Principal Place of Business  
3711 SW 27TH STREET  
MIAMI, FL 33134 US

Mailing Address  
3711 SW 27TH STREET  
MIAMI, FL 33134 US



01252008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1618551

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

MILTON, LAZARO  
3711 SW 27TH STREET  
MIAMI, FL 33134

**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, 2008 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	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,
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000829126  
02/26/08-80030-002 150.00

**DO NOT WRITE  
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, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/08

Date

Daytime Phone #