

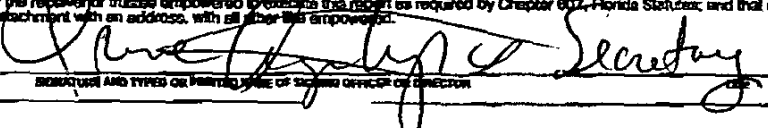
05/17/2006 21:19 5617348544

MICHAELJ

FILED
May 25, 2006 8:00 am
Secretary of State

05-25-2006 90013 002 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 582600					
1. Entity Name MILTON'S SERVICE STATION, INC.					
Principal Place of Business 404 N FEDERAL HWY BOYNTON BEACH, FL 33435 US			Mailing Address 404 N FEDERAL HWY BOYNTON BEACH, FL 33435 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
6. Name and Address of Current Registered Agent APOSTOLOPOULOS, MILTON 163 DUKE DR. LAKE WORTH, FL 33409				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 _____ City where, based or printed names of registered agent and filer if applicable. (NOTE: Registered Agent signature required when retaking) DATE _____					
FILE NOW! FEE IS \$550.00 Due by September 6, 2006		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	PO APOSTOLOPOULOS, MILTIADIS 163 DUKE DR. LAKE WORTH, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD APOSTOLOPOULOS, ARGIRY 163 DUKE DR. LAKE WORTH, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD APOSTOLOPOULOS, IRENE 5705 SO OLIVE AVENUE W. PALM BEACH, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TU APOSTOLOPOULOS, ROUBINA 163 HARVARD DRIVE LAKE WORTH, FL	☐ 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 exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is 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 this reporter 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 this empowered.					
SIGNATURE:  Secretary 5615857350 SIGNATURE AND TYPED OR PRINTED NAME OF STATE OFFICER OR DIRECTOR Outline Photo					

40094291



05182006 Chg-P CR2E034 (11/05)

4. FFI Number
59-1838735Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

ATTACHMENT

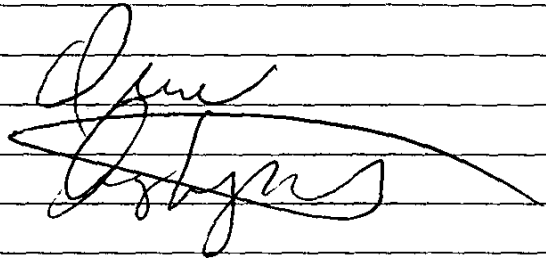
40094291

#582600

Help,

I never received
the renewal for the
Kameel Corporation

I'm sending the ISO
renewal - please advise

A handwritten signature in cursive script, appearing to read "Jim Dwyer", with a long horizontal flourish extending to the right.