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Secretary of State

04-20-2007 90197 047 ***150.00

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2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 670494

1. Entity Name
MILO PROPERTIES, INC.

Principal Place of Business	Mailing Address
P O BOX 5277 LIGHTHOUSE POINT, FL 33074 US	4800 N FEDERAL HWY 307B BOCA RATON, FL 33431 US

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
		PO Box 5277	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: Lighthouse Point	
Zip	Country	Zip: 33074	Country: USA

4. FEI Number: 59-2093132 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CAP SERVICE CORPORATION
4800 N. FEDERAL HWY
STE 307-B
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent

Name: Mr. Bo Bergendahl
Street Address (P.O. Box Numbers Not Acceptable): 1361 SE 4 St.
City: Deerfield Beach FL Zip Code: 33441

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: Bo Bergendahl [signature] DATE: 4-18-07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 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	PTD NORDENSTROM, INGRID P O BOX 5277 LIGHTHOUSE POINT, FL 33074	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	S.	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	S BERGENDAHL, BO P O BOX 5277 LIGHTHOUSE POINT, FL 33074	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
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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 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: Ingrid Nordenstrom [signature] 4-18-07 954-782-4101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #