

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 08:00 A
Secretary of State

DOCUMENT # 676408

1. Entity Name
MILBRO INVESTMENTS, INC.



Principal Place of Business
**C/O SHELDON B MILLER
2875 NE 191ST ST. STE 702-A
MIAMI, FL 33180 US**

Mailing Address
**C/O SHELDON B MILLER
2875 NE 191ST ST. STE 702-A
MIAMI, FL 33180 US**



03262008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2121922

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MILLER, SHELDON B
2875 NE 191 ST SUITE 702-A
MIAMI, FL 33180**

**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**

U00000874301
04/11/08-80011-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MILLER, SHELDON B.
STREET ADDRESS	2875 NE 191 ST SUIT 702-A
CITY-ST-ZIP	MIAMI, FL
TITLE	V
NAME	MILLER, JEFFREY M
STREET ADDRESS	2875 NE 191 ST SUITE 702-A
CITY-ST-ZIP	MIAMI, FL
TITLE	V
NAME	MILLER, MATTHEW W.
STREET ADDRESS	2875 NE 191 ST SUITE 702-A
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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

3/28/08

Date

(305) 931-9975

Daytime Phone #