2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: 2

Apr 15, 2005 08:00 AM Secretary of State DOCUMENT #F30270 1. Entity Name MILANO MOTORS, INC. Principal Place of Business Mailing Address 7520 NE 4 CT. MIAMI FL 33138 7520 NE 4 CT. MIAMI FL 33138 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 59-2147083 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HAMMOUD, IMAD Street Address (P.O. Box Number is Not Acceptable) 7520 N.E. 4TH CT MIAMI FL 33138 City 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10, 11. Change Addition TOTLE Delete THILE HAMMOUD, ABDUL NAME NAME U00000306447 7520 N.E. 4TH CT STREET ADDRESS STREET ADDRESS 04/15/05-80015-005 150.00 MIAMI FL 33138 CITY-ST-ZIP CITY ST-ZIP Change Addition Delete **31**111 TITLE IMAD HAMMOUD NAME 7520 N.E. 4TH CT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33138 CITY-ST-ZIP Addition ☐ Delete UDE Change NAME HAMMOUD, MOHAMAD K NAME STREET ADDRESS STREET ADORESS 7520 N.E. 4TH CT CITY ST-7IP CITY-ST-ZIP MIAMI FL 33138 Change ☐ Addition HHE Delete mile NAME NAME STREET ADDRESS STREET ADOPESS CITY-ST-ZIP CHY-ST-ZIP Change Addition Delete MUE 31111 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [] Change ☐ Addition ☐ Delete me THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 fixe empowered.

Hammond /

FILED

April, 12,05 (305) 758-4444.