

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91026 021 ***150.00

DOCUMENT # F94000004488

1. Entity Name

MILAN DAIRY STATES, S.A.



Principal Place of Business

6100 GLADES RD #213
BOCA RATON FL 33434

Mailing Address

6100 GLADES RD #213
BOCA RATON FL 33434

94081980



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 98-0057742

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

SCHNEIDER, MARCELLA
5746 N.W. 39TH AVE.
BOCA RATON FL 33496

7. Name and Address of New Registered Agent

Name: Stephanie Andreoni
Street Address (P.O. Box Number is Not Acceptable): 6100 GLADES RD
Suite 213
City: Boca Raton FL Zip Code: 33434

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

Stephanie Andreoni

4/29/04

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	CHENG, JOHN CLETUS	
STREET ADDRESS	111 FIRST ST.	
CITY-ST-ZIP	EL CARMEN, PANAMA	
TITLE	S	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, IDA ENEIDA	
STREET ADDRESS	111 FIRST ST.	
CITY-ST-ZIP	EL CARMEN, PANAMA	
TITLE	T	<input type="checkbox"/> Delete
NAME	NOBLESILLA, AUGUSTO S	
STREET ADDRESS	111 FIRST ST EL CARMEN	
CITY-ST-ZIP	PANAMA RE	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SCHNEIDER, MARCELLA	
STREET ADDRESS	5746 N.W. 39TH AVE.	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	PA	<input type="checkbox"/> Delete
NAME	CHENG, JESSICA C	
STREET ADDRESS	111 FIRST ST EL CARMEN	
CITY-ST-ZIP	PANAMA RE	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELSA ESCARTIN Oeching
STREET ADDRESS	111 FIRST ST
CITY-ST-ZIP	EL CARMEN, PANAMA
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PA OIXIANA CANDANED
STREET ADDRESS	111 FIRST ST
CITY-ST-ZIP	EL CARMEN, PANAMA
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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)(i), 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:

Stephanie Andreoni

STEPHANIE ANDREONI

4/29/04

364-218-3861

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #