2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005
Secretary of State

DOCUMENT# F94000004488

Entity Name: MILAN DAIRY STATES, S.A.

Current Principal Place of Business:

6100 GLADES RD #213
BOCA RATON, FL 33434

New Principal Place of Business:

Current Mailing Address:

6100 GLADES RD #213
BOCA RATON, FL 33434

New Mailing Address:

FEI Number: 98-0057742 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANDREANI, STEPHANIE
6100 GLADES RD
SUITE 213
BOCA RATON, FL 33434 US

Name and Address of New Registered Agent:

ANDREONI, STEPHANIE
6100 GLADES RD
SUITE 213
BOCA RATON, FL 33434 US

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.

SIGNATURE: STEPHANIE ANDREONI 04/22/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CHENG, JOHN CLETUS
Address: 111 FIRST ST.
City-St-Zip: EL CARMEN, PANAMA,

Title: S ( ) Delete
Name: RODRIGUEZ, IDA ENEIDA
Address: 111 FIRST ST.
City-St-Zip: EL CARMEN, PANAMA,

Title: T ( ) Delete
Name: ESCARTIN DECHANY, ELSA
Address: 111 FIRST ST
City-St-Zip: EL CARMAN, PANAMA,

Title: PA ( ) Delete
Name: CANDANEDO, OIXIAMA
Address: 111 FIRST ST
City-St-Zip: EL CARMAN, PANAMA, RE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHANIE ANDREONI ASST 04/22/2005
Electronic Signature of Signing Officer or Director Date