


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000051071  
 1. Entity Name  
 MILPACEN, INC.



Principal Place of Business      Mailing Address  
 6955 NW 77TH AVE #203      6955 NW 77TH AVE #203  
 MIAMI, FL 33166-2845      MIAMI, FL 33166-2845



03032004    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1025149	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

SANCHEZ-GALARRAGA, JORGE  
 1313 PONCE DE LEON BLVD., STE 301  
 CORAL GABLES, FL 33134

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	RODRIGUEZ-ALVAREZ, ALVARO
STREET ADDRESS	6955 NW 77TH AVE #203
CITY-ST-ZIP	MIAMI, FL 331662845
TITLE	VD
NAME	RODRIGUEZ, ANTONIO
STREET ADDRESS	6955 NW 77TH AVE #203
CITY-ST-ZIP	MIAMI, FL 331662845
TITLE	SD
NAME	FRAU, TERESA M
STREET ADDRESS	6955 NW 77TH AVE #203
CITY-ST-ZIP	MIAMI, FL 331662845
TITLE	T
NAME	VAZQUEZ, OLGA
STREET ADDRESS	6955 NW 77TH AVE #203
CITY-ST-ZIP	MIAMI, FL 331662845
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/16/04-80075-025.150.00

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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: A. RODRIGUEZ      04-14-04      305-882-5913  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #