


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 07, 2006 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**

**DO NOT WRITE IN THIS SPACE**



01262006 No Chg-P CR2E034 (11/05)

4. FEI Number **65-1025149**      Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$350.00**

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

10. OFFICERS AND DIRECTORS

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

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04/07/06 50001-010 150.00

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:  **ALVARO RODRIGUEZ**      **04-05-06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #