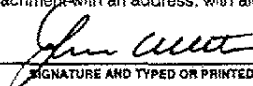


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000010127		
1. Entity Name MILTON CONSTRUCTION COMPANY		
Principal Place of Business 3711 SW 27 STREET MIAMI, FL 33134		Mailing Address 3711 SW 27 STREET MIAMI, FL 33134
DO NOT WRITE IN THIS SPACE		
5. Name and Address of Current Registered Agent WEISSLER, ROBERT I 150 W FLAGLER ST #2200 MIAMI, FL 33130		DO NOT WRITE IN THIS SPACE
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 _____ Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature is required when re-registering)		
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 NAME STREET ADDRESS CITY - ST - ZIP	P MILTON, LAZARO 6636 RIVIERA DR GABLE ESTATE, FL 33146	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MILTON, MAURICE 528 LUENGA AVE CORAL GABLE, FL 33146	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MILTON, ALEXANDER 5610 LEJEUNE RD CORAL GABLE, FL 33146	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE 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)(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 like empowered.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		



03312004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1078872	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

U000000107103
04/09/04-80001-020 150.00

**DO NOT WRITE
IN THIS SPACE**

4/9/2004

Daytime Phone #