


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # PO1000010136 1. Entity Name MILANO PROPERTIES CORPORATION			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 6309 NE 1st Pl #2 Suite, Apt. #, etc.		3. Mailing Address 6309 NE 1st PL #2 Suite, Apt. #, etc.	
City & State Miami, FL Zip 33138 Country USA		City & State Miami, FL Zip 33138 Country USA	
DO NOT WRITE IN THIS SPACE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		7. Name and Address of Current Registered Agent Name Marinello, Gustavo L. Street Address (P.O. Box Number is Not Acceptable) 6309 NE 1st Pl #2 City Miami FL Zip Code 33138	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		11/12/03 <small>DATE</small>	
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Ortega, Norberto 6309 NE 1st Pl #2 Miami FL 33138	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with all other like empowered.			
SIGNATURE: _____ Norberto O. Ortega <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		11/12/03 (305)758-8590 <small>Date Daytime Phone #</small>	

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03 NOV 19 AM 9:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
300024863033
11/19/03--01063--019 **150.00

DO NOT WRITE IN THIS SPACE
DISINTEGRANT
01-41 FEI Number 651094310
Applied For Not Applicable

CR2E034B (12/02)

Ta



November 12, 2003

To Whom It May Concern:

I was talking to my bookkeeper and realized I hadn't received my renewal forms for this year. As I began to search my records, I found last years renewal forms with an incorrect address and I remembered that the person who had given them to me was the person who had rented the warehouse where my business was previously located and knew me. Our new address is:

6309 NE 1st Pl No 2
Miami, FL 33138.



President, Milano Properties