

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000011922

1. Entity Name
MILAD, INC.



FILED
04 MAY 12 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
13801 40 ST S
WELLINGTON, FL 33414

Mailing Address
2665 S BAYSHORE DRIVE, SUITE 703
MIAMI, FL 33133



04072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1076184

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WORLD CORPORATE SERVICES, INC.
2665 S BAYSHORE DR
SUITE 703
MIAMI, FL 33133

**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 required when reinstating)

DATE

000036268350
05/13/04--01057--005 **1098.75

**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 ARGUETTY, ISAAC
STREET ADDRESS 2665 S BAYSHORE DRIVE, SUITE 703
CITY-ST-ZIP MIAMI, FL 33133

TITLE AS
NAME RICHARDS, TIMOTHY D
STREET ADDRESS 2665 S BAYSHORE DRIVE, SUITE 703
CITY-ST-ZIP MIAMI, FL 33133

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: Isaac Arguetty *Isaac Arguetty*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/07/04 (305) 858-9900

Date

Daytime Phone #