

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT****FILED**  
**Aug 07, 2006 08:00 A**  
**Secretary of State****DOCUMENT # P01000013311**1. Entity Name  
**MILKY WAY EXPRESS, INC.**

## Principal Place of Business

**3370 N.E. 190TH STREET #2713  
AVENTURA, FL 33180**

## Mailing Address

**20501 VENTURA BLVD  
325  
WOODLAND HILLS, CA 91364**

07242006

No Chg-P

CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**4. FEI Number  
**65-1076270**Applied For  
Not Applicable5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

## 6. Name and Address of Current Registered Agent

**SHORTER, WAYNE  
3370 N.E. 190TH STREET #2713  
AVENTURA, FL 33180****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

U000000573627  
08/07/06-80005-005 150.00**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees**In accordance with s. 807.193(2)(b), F.S., the  
corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

| TITLE | NAME           | STREET ADDRESS               | CITY - ST - ZIP    |
|-------|----------------|------------------------------|--------------------|
| P     | SHORTER, WAYNE | 3370 N.E. 190TH STREET #2713 | AVENTURA, FL 33180 |

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP |
|-------|------|----------------|-----------------|
|       |      |                |                 |

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| 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 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 807, 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:

*Wayne Shorter* **WAYNE SHORTER** 7/25/06

Date

818713-8100

Daytime Phone