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

P010,00030278

DOCUMENT #

Mar 31, 2002 8:00 am Secretary of State

03-31-2002 90369 045 ***158.75

MILAGR	O INVESTMENTS, IN	c			03 31 2002 30303 0 13 130.73	
	IN THIS SP	PACE		752156		
	Place of Business Julia Circle	3. Mailing Address C/O JOHN SCH	AEFER ESO.			
Suite, Apt.		Suite, Apt. #, etc. 650 Main Str			DO NOT WRITE IN THIS SPACE	
City & Stat St. Pe	te Beach, FL	City & State Safety Harbo	r, FL	4. 1	FEI Number Applied X Not App	
Zip 33706	Country US	Zip 34695	Country US	5. (Certificate of Status Desired X \$8.75 Additional Fee Required	ıl .
				7. Na	lame and Address of Current Registered Agent	
			Name JOHN SC	Name JOHN SCHAEFER, ESQ. Street Address (P.O. Box Number is Not Acceptable)		
1 * · M- 800	DO NOT W	and the second of the second o	Street Address			
IN THIS SPACE			650 Mai	Main Street		
			Safety	Har	rbor FL 34695	
8. The above	named entity submits this statement for	r the purpose of changing its re				
SIGNATURE _	Signature, typed q r,printed name of registered agent a	and title if applicable (NOTE-	Registered Agent signature require	od whon ra	reinstating) DATE	_
9. This corporation is eligible to satisfy its Intengible January 1 - Ma			y 1 Fee is \$150.00 , Fee is \$550.00	o whome	10. Election Campaign Financing \$5.00 Ma	v Be
	ia on back)		UBR is \$61.25 to Department of St	ate	Trust Fund Contribution. Added to Fe	es
11.	OFFICERS AND I		T Department of ou			
TITLE	PD		TITLE			*******
NAME	BILL RODRIGUES		NAME			
STREET ADDRESS CITY-ST-ZIP	351 S. Julia Cir St. Pete Beach,	cle FL 33706	STREET ADDRESS CITY-ST-ZIP			
TITLE		-	TITLE			
NAME			NAME			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
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STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE	
TITLE	الله و المحمد المحمد المحمد و		TITLE		IN THIS SPACE	
NAME			NAME		III IIII JEMUE	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS			
TITLE			CITY-ST-ZIP			
NAME			NAME			
STREET ADDRESS			PTDEET ADDDEED			

13. 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 11 or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

B ISIENE URE CONTROL OF SEEDING OFFICER OF DIRECTOR

3/12/02

(727) 367-5082

Daytime Phone #