## 2008 FOR PROFIT CORPORATION ANNUAL REPORT **DOCUMENT # P01000083571** 1. Entity Name MILO, INC. Principal Place of Business Mailing Address 616 INTRACOASTAL DRIVE **616 INTRACOASTAL DRIVE** FORT LAUDERDALE, FL 33004 FORT LAUDERDALE, FL 33004 DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent

**FILED** Apr 25, 2008 08:00 AN Secretary of State



DO NOT WRITE IN THIS SPACE				04212008	04212008 No Chg-P CR2E034 (11/05)			
				4. FEI Number 65-1133			Applied For Not Applicable	
				5. Certificate of Status Desired \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent					-			
MATHEWS, FREDERICK 616 INTRACOASTAL DRIVE FORT LAUDERDALE, FL 33304					NOT W			
			IN THIS SPACE					
8. The above the obligat	named entity submits this statement for the ptions of registered agent.	ourpose of changing its registere	ed office or re	egistered agent, or both	ı, in the State of Flor	rida. I am fai	miliar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title	il applicable. (NOTE: Registered	d Agent signature	required when reinstating)		DATE	·	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.	icing	\$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS			1					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS MATHEWS, FREDERICK 616 INTRACOASTAL DRIVE FORT LAUDERDALE, FL 33304							
FITLE NAME STREET ADDRESS CITY-ST-ZIP					U000003 05/15/08-6		23 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE							•	

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an application of the report of the corporation of the receiver of trustee empowered.

**SIGNATURE:** 

NAME STREET ADDRESS CITY - ST - ZIP

F-J. MATHEWS

RINTED NAME OF BIGNING OFFICER OR DIRECTOR