

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

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT #	P01000095518
1. Entity Name	
Milon Enterprises Inc	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5401 W. IRLO Bronson HWY 192 A Ste 90	5401 W. IRLO Bronson HWY 192 A Ste 90
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number	Applied For
Kissimmee, FL	Kissimmee, FL	59-3748211	Not Applicable
Zip	Country	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
34748			

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
AHMED, MOHAMMED FAIZ
Street Address (P.O. Box Number is Not Acceptable)
5401 SW IRLO BRONSON HWY 192 C, STE 90

City KISSIMMEE FL **34748** **FL** **Zip Code** 34748

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

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	Director
NAME	AHMED, MOHAMMED FAIZ
STREET ADDRESS	5401 SW IRLO BRONSON HWY 192 C, ST
CITY-ST-ZIP	KISSIMMEE FL 34746
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11.

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Ahmed

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/11/06