

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000095518

1. Entity Name
MILON ENTERPRISES, INC.



Principal Place of Business

5401 SW IRLO BRONSON HWY 192 C, STE 90
KISSIMMEE, FL 34746

Mailing Address

5401 SW IRLO BRONSON HWY 192 C, STE 90
KISSIMMEE, FL 34746



01162008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-374821

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AHMED, MOHAMMED FAIZ
5401 SW IRLO BRONSON HWY 192 C, STE 90
KISSIMMEE, FL 34746

**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)

000000794257

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

01/23/08-80068-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	AHMED, MOHAMMED FAIZ
STREET ADDRESS	5401 SW IRLO BRONSON HWY 192 C, STE 90
CITY- ST- ZIP	KISSIMMEE, FL 34746

TITLE	
NAME	
STREET ADDRESS	
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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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/16/08 (407) 396-9217

Date

Daytime Phone #