



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000097319</b> 1. Entity Name <b>MILJO INVESTMENTS, INC.</b>		
Principal Place of Business <b>C/O STOCKMANN 548 N.W. LAMBRUSCO DRIVE PORT ST. LUCIE, FL 34986</b>	Mailing Address <b>C/O STOCKMANN 548 N.W. LAMBRUSCO DRIVE PORT ST. LUCIE, FL 34986</b>	 01272006 No Chg-P CR2E034 (11/05)
<b>DO NOT WRITE IN THIS SPACE</b>		4. FEI Number <b>65-1148047</b>
6. Name and Address of Current Registered Agent  <b>STOCKMANN, CARMELA 548 N.W. LAMBRUSCO DRIVE PORT ST. LUCIE, FL 34986</b>		Applied For <input type="checkbox"/> Not Applicable  5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<div style="display: flex; justify-content: space-between;"> <div> <b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2006 Fee will be \$550.00</b> </div> <div>           9. Election Campaign Financing            Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees         </div> </div>		
<b>10. OFFICERS AND DIRECTORS</b>		UN0000454605 03/18/06-00043-000 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>STOCKMANN, CARMELA 548 N.W. LAMBRUSCO DRIVE PORT ST. LUCIE, FL 34986</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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.		
<b>SIGNATURE:</b> <u>Carmela Stockmann</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3/6/06 772-873-5127 <small>Date Daytime Phone #</small>