2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000026127

1. Entity Name
MILAN FREIGHT EXPRESS CORP.

Principal Place of Business	Mailing Address
8901 NW 34 AVE RD MIAMI, FL 33147	8901 NW 34 AVE RD MIAMI, FL 33147

DO NOT WRITE IN THIS SPACE

02092004   No Chg-P   CR2E034 (10/03)

4. FEI Number 01-0645964	Applied For Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MILAN, BRAULIO
8901 NW 34 AVE RD
MIAMI, FL 33147

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)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000090493
03/17/04-80021-022 150.00

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	MILAN, BRAULIO
STREET ADDRESS	8901 NW 34 AVE RD
CITY-ST-ZIP	MIAMI, FL 33147

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _Braulio Milan_   03/15/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #