2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jun 03, 2004 8:00 am Secretary of State

DOCUN 1. Entity Name MILCOMN	9	# P02000030				05-	03-200	4 90411	004 **	**150.00	
Principal Place	of Business	3	Mailing Address		*]		•	0 2 0		
4315 COLON	IAL CIRCLE		P.O. BOX 1038 BRADENTON, FL 342								
SUITE B Bradenton.	EI 24208		06		1						
DIMPLIATOR,	1L 34200						11 m 110 m				
2. Principal Place of Business			3. Mailing Address P. O. BOX 992								
Suite, Apt. #. etc.			Suite, Apt. #, etc.			01232004	Chg-F	> 	CR2E03		
- City & State			Ellenton, FL			4. FEI Numb APPLIE		01-0	63367	ON	oplied For ox Applicable
Zip		Country	3422Z	Cour	U.S.A.	5. Centificate of Status Desired		esired		8.75 Add ee Require	
· · · · · · · · · · · · · · · · · · ·	6. Name	and Address of Current				7. Name and	Address o	f New Re			
					Name						. [
MILLER, S 4315 COLO		OCI-C -	12 .22244		Street Address	P.O. Box Numb	er is Not Ac	ceptable)			<u>د</u> ا
SUITE B	JIMIAL CII	CC E						-			
BRADENT	ON, FL 3	4208		1							
					City				FL	Zip Cod	8
8. The above	named entit	y sebmits this statement fo	or the purpose of changing it	s register	red office or registe	red agent, or bo	th, in the Sta	ate of Flor	ida. I am fa	miliar with.	and accept
the obligati	ions of regis	efeglagent	•						/	/	i
SIGNATURE_	1	メント							4/29	/200 g	
	Signature, typed	or pliftled name of registered agent	and title if applicable. (NO	TE: Register	ed Agent signature require	d when reinstating)			MATE		
		FEE IS \$150.00 4 Fee will be \$550.	9. Election Camp. Trust Fund Cor			.00 May Be ded to Fees					
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS	/CHANGES	TO OFFIC			
TITLE	P	SHAKIR S	Delete	TITL NAV						Change	☐ Addition
STREET ADDRESS		ONIAL CIRCLE SUITE	В		EET ADORESS						
CITY-ST-ZIP	BRADEN	TON, FL 34208		СП	Y-ST-ZIP						
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NAME			C Science	NAJ	I						
STREET ADDRESS					REET ADDRESS						ļ
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TITLE NAME			☐ Deleta	TRT Maj						Change	Addition
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CITY-ST-ZIP				СП	Y-ST- ZIP						
12. I hereby of indicated of the corphanged.	certify that the control on this reportation or to or an att	e information supplied with int or supplemental report in the receiver or trustee emp achment with an address,	h this filing does not qualify f is true and accurate and that lowered to execute this repo with all other like empowere	or the ext my sign: rt as requ d.	emption stated in S ature shall have the ulred by Chapter 60	ection 119.07(3) same legal effe 7, Florida Statut	(i), Florida S ct as if mad es; and that	Statutes. I e under o my name	further certi ath; that I as appears in	fy that the n an office Block 10 o	information r or director or Block 11 if
SIGNAT	URE: _	SIGNATURE AND TYPED OR	PRINTED HAME OF SIGNING OFFICE	OR DIREC	CTOR		14 Date	29/	2004	yimii Phone #	