

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000048342

1. Entity Name
MILONUR CORPORATION



Principal Place of Business
**2418 POLK STREET
HOLLYWOOD, FL 33020**

Mailing Address
**2418 POLK STREET
HOLLYWOOD, FL 33020**



04262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 71-0881459	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**NURSE, JOHNATTAN
2418 POLK STREET STE 201
HOLLYWOOD, FL 33020**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**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**

U000000141241
04/30/04-80002-022 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P NURSE, JOHATTAN 2418 POLK ST STE 201 HOLLYWOOD, FL 33020
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**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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **JOHNATTAN NURSE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/04
Date

Daytime Phone #