


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000087221 1. Entity Name MILAN PIZZA USA, CORP	
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Principal Place of Business 10770 SW 24 ST MIAMI, FL 33165	Mailing Address 10770 SW 24 ST MIAMI, FL 33165
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01242004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 55-0792415	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LEAL, EDGAR 8347 NW 68 ST MIAMI, FL 33166

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**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAMBOGLIA, GIUSEPPE 8347 NW 68 ST MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M LAMBOGLIA, GIUSEPPE G 8347 NW 68 ST MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LAMBOGLIA, DANTE J 8347 NW 68 ST MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEAL, EDGAR A 8347 NW 68 ST MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U000000087809
02/27/04-80014-022 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

02-24-04 (305) 554-5553

Date

Daytime Phone #