2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 26, 2004 8:00 am DOCUMENT # P02000129925 Secretary of State 1. Entity Name 04-26-2004 90573 008 ***150.00 THE MILLA GROUP USA, INC. Principal Place of Business Mailing Address 5420 PIONEER PARK BLVD, SUITE D PO BOX 262814 TAMPA FL 33605 **TAMPA FL 33624** 2. Principal Place of Business Suite, Apt. #, etc Suite, Apt. #, etc CR2E034 (11/03) City & State Applied For 4. FEI Number 尸乙 65-1164405 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 19C.K Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent MILLA, MATIAS 5420 PIONEER PARK BLVD, SUITE D **TAMPA FL 33624** 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 09/461 SIGNATURE _ (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition MILLA, MATIAS NAME NAMÉ STREET ADDRESS 5420 PIONEER PARK BLVD, SUITE D STREET ADDRESS CITY-ST-ZIP TAMPA FL 33624 CITY-ST-ZIP DVP TITLE ☐ Delete TITL F NAME FERLITA, MADLEIN M STREET ADDRESS 5420 PIONEER PARK BLVD, SUITE D STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33624** CITY-ST-ZIP TITLE TITLE Delete MILLA, MATILDE A-NAME NAME ONE EL PAL STREET ADDRESS 5420 PIONEER PARK BLVD, SUITE D STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33624** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 the empowered.

HATIAS MILLIE OX/22/04 813-240-41

FILED