## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## May 01, 2008 8:00 am Secretary of State **DOCUMENT # P02000129925** 05-01-2008 90211 005 \*\*\*150.00 THE MILLA GROUP USA, INC. Principal Place of Business Mailing Address 5103 W. KNOX ST P.O. BOX 260277 TAMPA, FL 33634 TAMPA, FL 33685 3. Mailing Address P. O. Box 2628/4 2. Principal Place of Business - No P.O. Box 7510 AMBER CT Suite, Apt. #, etc. Suite, Apt. #, etc. 03152008 CR2E034 (12/06) TAMPL City & State City & State 4. FEI Number Applied For 65-1164405 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MILLA, MATIAS Street Address (P.O. Box Number is Not Acceptable) 5103 PIONEER PARK STE D TAMPA, FL 33634 citizanging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this statement for the purpose the obligations of registered agent SIGNATURE. (NOTE, Registered Agent signature required when reinstation) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD91 Change POST TITLE ☐ Defete TITLE ☐ Addition NAME MILLA, MATIAS NAME 7510 AMBER STREET ADDRESS 5103 W. KNOX ST STREET ADDRESS TAMPA, FL 33634 CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Detete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Accition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP \_\_ Defete\_ TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STHEET ADDRESS CHY-SI-7/P CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZiP ĦΠE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 repoil 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 companied. SIGNATURE: S Daytime Phone #

**FILED**