1 of 2

2004 FOR PROFIT CORPORATION ANNUAL REPORT

04-21-2004 90023 037 ***150.00
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P03000016938

1. Entity Name
MILOFO CORPORATION

Principal Place of Business	Mailing Address
2316 NW 15 COURT FORT LAUDERDALE, FL 33311	2316 NW 15 COURT FORT LAUDERDALE, FL 33311

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: Applied for — X Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FOUST, MILO 2316 NW 15 COURT FORT LAUDERDALE, FL 33311	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOUST, MILO 2316 NW 15 COURT FORT LAUDERDALE, FL 33311	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: X Milo Foust — 4/9/04 — 540-6501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Milofo Corporation
2316 NW 15th CT
Fort Lauderdale FL 33314

July 26, 2004

Florida Department of State
Division of Corporations
Attn: Barbara Mitchell
P O Box 6327
Tallahassee FL 32314

Re: MILOFO CORPORATION
Ref. Number: P03000016938

Dear Ms. Mitchell:

In response to your letter dated 7/20/04, I am submitting this letter to advise you I never received your correspondence dated 4/28/04 returning my 2004 annual report and check.

Thank You,

M. Foust

M. Foust