

2004 FOR PROFIT CORPORATION ANNUAL REPORT

04-21-2004 90023 037 ***150.00
P03000016938

FILED

JUL 28 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

54038019



04092004 Chg-P CR2E034 (10/03) 04

4. FEI Number **Applied for** ☒ Applied For ☐ Not Applicable

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

DOCUMENT # P03000016938

1. Entity Name
MILOFO CORPORATION



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

Mailing Address
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

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 ☐ Delete
NAME
D FOST, MILO
STREET ADDRESS
2316 NW 15 COURT
CITY-ST-ZIP
FORT LAUDERDALE, FL 33311

TITLE ☐ Change ☐ Addition
NAME
NAME
STREET ADDRESS
STREET ADDRESS
CITY-ST-ZIP
CITY-ST-ZIP

TITLE ☐ Delete
NAME
NAME
STREET ADDRESS
STREET ADDRESS
CITY-ST-ZIP
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
NAME
STREET ADDRESS
STREET ADDRESS
CITY-ST-ZIP
CITY-ST-ZIP

TITLE ☐ Delete
NAME
NAME
STREET ADDRESS
STREET ADDRESS
CITY-ST-ZIP
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
NAME
STREET ADDRESS
STREET ADDRESS
CITY-ST-ZIP
CITY-ST-ZIP

TITLE ☐ Delete
NAME
NAME
STREET ADDRESS
STREET ADDRESS
CITY-ST-ZIP
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
NAME
STREET ADDRESS
STREET ADDRESS
CITY-ST-ZIP
CITY-ST-ZIP

TITLE ☐ Delete
NAME
NAME
STREET ADDRESS
STREET ADDRESS
CITY-ST-ZIP
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
NAME
STREET ADDRESS
STREET ADDRESS
CITY-ST-ZIP
CITY-ST-ZIP

TITLE ☐ Delete
NAME
NAME
STREET ADDRESS
STREET ADDRESS
CITY-ST-ZIP
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
NAME
STREET ADDRESS
STREET ADDRESS
CITY-ST-ZIP
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

35

2 of 2

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

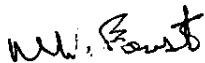
Re: MILOFO CORPORATION

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