

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90023 046 ***150.00

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**

60023155



2. Principal Place of Business - No P.O. Box # **1301 COONTIE CT** 3. Mailing Address **1301 COONTIE CT**
Suite, Apt. #, etc.

04042008 Chg-P CR2E034 (12/06)

City & State **Fort Lauderdale FL** City & State **Fort Lauderdale FL** 4. FEI Number **20-2255897** Applied For ☐ Not Applicable
Zip **33312** Country **BROWARD** Zip **33312** Country **BROWARD** 5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**FOUST, MILO
7797 N. UNIVERSITY DR
TAMARAC, FL 33321**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number Not Acceptable) **1301 COONTIE CT**
Fort Lauderdale FL Zip **33312**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1301 COONTIE COURT**
CITY - ST - ZIP **Fort Lauderdale FL 33312**

TITLE ☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing 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 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 #

4/15/08 540-6580