
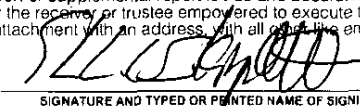


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90174 036 ***150.00

DOCUMENT # P03000077069 1. Entity Name FLORIDA MIL, INC.						
Principal Place of Business 8384 BIRD ROAD MIAMI, FL 33155			Mailing Address PO BOX 27765 MIRAMAR, FL 33027-7765			
2. Principal Place of Business - No P.O. Box # 		3. Mailing Address 234 NE 3RD ST. #803				
Suite, Apt. #, etc. 		Suite, Apt. #, etc. #803				
City & State 		City & State MIAMI, FL		4. FEI Number 20-0389502		
Zip 		Zip 33132		Country 		
6. Name and Address of Current Registered Agent KIRKPATRICK, SHU-HUI W 2362 SW 129 AVE MIRAMAR, FL 33027				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 234 NE 3RD ST. #803 City MIAMI FL Zip Code 33132		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>						
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PVTS KIRKPATRICK, SHU-HUI W 2362 SW 129 AVE MIRAMAR, FL 33027		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	234 NE 3RD ST. #803 MIAMI, FL 33132	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	 		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 of the above empowered.						
SIGNATURE:  Shu-Hui W. Kirkpatrick April 13, 2007 305-226-3301						
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone: #</small>						

40067433



04132007 Chg-P CR2E034 (12/06)

4. FEI Number
20-0389502

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

KIRKPATRICK, SHU-HUI W
2362 SW 129 AVE
MIRAMAR, FL 33027

Name

Street Address (P.O. Box Number is Not Acceptable)

234 NE 3RD ST. #803

City

MIAMI

FL

Zip Code

33132

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(NOTE: Registered Agent signature required when reinstating)

DATE

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Trust Fund Contribution. ☐

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10. OFFICERS AND DIRECTORS

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CITY- ST- ZIP
PVTS
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2362 SW 129 AVE
MIRAMAR, FL 33027

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
234 NE 3RD ST. #803
MIAMI, FL 33132

☒ Change ☐ Addition

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone: #