

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000138940

Entity Name: MILO ENTERPRISES, INC.

FILED
Apr 04, 2005
Secretary of State

Current Principal Place of Business:

5761 FOXLAKE DR. H
NORTH FORT MYERS, FL 33917

New Principal Place of Business:

216 SE 16TH ST.
CAPE CORAL, FL 33990

Current Mailing Address:

5761 FOXLAKE DR. H
NORTH FORT MYERS, FL 33917

New Mailing Address:

216 SE 16TH ST
CAPE CORAL, FL 33990

FEI Number: 45-0528940

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LONGOBARDI, MICHAEL
5761 FOXLAKE DR. H
NORTH FORT MYERS, FL 33917 US

Name and Address of New Registered Agent:

LONGOBARDI, MICHAEL
216 SE 16TH ST.
CAPE CORAL, FL 33990 US

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.

SIGNATURE:

04/04/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LONGOBARDI, MICHAEL
Address: 5761 FOXLAKE DR. H
City-St-Zip: NORTH FORT MYERS, FL 33917

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LONGOBARDI, MICHAEL
Address: 216 SE 16TH ST
City-St-Zip: CAPE CORAL, FL 33990

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL LONGOBARDI

PD

04/04/2005

Electronic Signature of Signing Officer or Director

Date