

FILED
Jun 01, 2004 8:00 am
Secretary of State

05-04-2004 90167 022 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000156184

1. Entity Name
MILA INC.



Principal Place of Business
**2791 SW 10TH DR
 DEERFIELD BEACH, FL 33442**

Mailing Address
**2791 SW 10TH DR
 DEERFIELD BEACH, FL 33442**

66425212



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

04272004 Chg-P CR2E034 (10/03)

4. FEI Number
20-0534470

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

**CORPORATE CREATIONS NETWORK INC.
 11380 PROSPERITY FARMS RD
 #221E
 PALM BEACH GARDENS, FL 33410**

Name
Lauren Bernards

Street Address (P.O. Box Number is Not Acceptable)
2791 SW 10th DR

City
Deerfield Bch, FL 33442

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 *Dawn Leonard*

(NOTE: Registered Agent signature required when reinstating)

4/27/04
 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
 Delete

**D
 BERNARD, LAUREN
 2791 SW 10TH DR
 DEERFIELD BEACH, FL 33442**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Change Addition

D, P

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Delete

**D
 PAZIENZA, MICHELLE
 2791 SW 10TH DR
 DEERFIELD BEACH, FL 33442**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Change Addition

D, VP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Change Addition

TITLE
 NAME
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 Change Addition

TITLE
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 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: *Dawn Leonard*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/04
 Date

954-404-8936
 Daytime Phone #