

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000011841

Entity Name: MILMON CORP.

FILED
Apr 03, 2008
Secretary of State

Current Principal Place of Business:

16375 NE 18 AVE
322
N MIAMI BEACH, FL 33162 US

New Principal Place of Business:

Current Mailing Address:

19111 COLLINS AVE
2603
SUNNY ISLES, FL 33160 US

New Mailing Address:

FEI Number: 26-0413451 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEALCATCH, MATTHEW B
2875 NE 191ST STREET, 801
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DE ABADI, MARGARITA A
Address: 16375 NE 18 AVE # 322
City-St-Zip: N MIAMI BEACH, FL 33162 US

Title: D () Delete
Name: ABADI, ABRAHAM
Address: 16375 NE 18 AVE # 322
City-St-Zip: N MIAMI BEACH, FL 33162 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MNGR (X) Change () Addition
Name: ABADI, ABRAHAM
Address: 16375 NE 18 AVE # 322
City-St-Zip: N MIAMI BEACH, FL 33162 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ABRAHAM ABADI

MNGR

04/03/2008

Electronic Signature of Signing Officer or Director

_____ Date