


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90040 040 ***150.00

DOCUMENT # P05000043320

1. Entity Name
ROBERTO MILLO, CORP.



Principal Place of Business Mailing Address

1150 WEST 79TH STREET 1150 WEST 79TH STREET
 APT. 218-A APT. 218-A
 HIALEAH, FL 33014 HIALEAH, FL 33014

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

1751 W. 56 TERRACE **1751 W. 56 TERRACE**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

HIALEAH, FL **HIALEAH, FL**

Zip Country Zip Country

33012 **USA** **33012** **USA**

40097000



03152007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

20-2544828 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MILLO, ROBERTO
1150 WEST 79TH STREET
APT. 218-A
HIALEAH, FL 33014

7. Name and Address of New Registered Agent

Name **MILLO ROBERTO**

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

1751 W. 56 TERRACE

City **HIALEAH** FL Zip Code **33012**

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MILLO, ROBERTO			NAME			
STREET ADDRESS	1150 WEST 79TH STREET, APT 218-A			STREET ADDRESS			
CITY-ST-ZIP	HIALEAH, FL 33014			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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:  PRESIDENT 04-20-07 786-586-7206

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #