FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 30, 2007 08:00 Al Secretary of State

DOCUMENT # P05000082102 1. Entity Name					Secretary of Stat		
G.Milian's Investment Group, Inc.					y 		
	DO NOT WRITE	IN THIS S	PAC	E			
2. Principal Place of Business PO Box 940633 3. Mailing Address PO Box 940633							
Suite, Apt. #, etc. Suite, Apt. #,			etc.		DO NOT WRITE IN THIS SPACE		
City & State Miami, Fl	В	City & State Miami, Fl			4. FEI Number 20-2963542 Applied For Not Applicable		
Zip 33194	Country Miami-Dade	Zip 33194	Cour Mian	ni-Dade	5. Certificate of Status Desired \$8.75 Add Fee Required	tional	
				7. Name and Address of Current Registered Agent Name Guillermo Milian			
DO NOT WRITE			Street Address (P.O. Box Number is Not Acceptable)				
IN THIS SPACE				2310 SW 129 Ave			
To the first of th				City Miami, FL Zip Code			
		or the purpose of changing its	s register		stered agent, or both, in the State of Florida. I am familiar with, a		
the obligati	ions of registered agent.	(one)			4-27-07	7	
Jar	Signature, typed or purised name of registered agent nuary 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25	° j	TE: Registere	d Agent signature requ	9. Election Campaign Financing \$5.0	May Be to Fees	
Make Check 10.	Payable to Florida Department of OFFICERS AND		-T-			, .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Milian Guillermo / President 2310 SW 129 Ave Miami El 33175		NAM Stri	E 4 5 TEET ADDRESS 4-ST-ZIP	The target was a specific property of the second	100 AV	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ADDRESS STR			1	000000751000 05/18/07-80086-005	150.00 8	
1ITLE NAME STREET ADDRESS CITY-ST-ZIP	AME . NAA Treet address : Str			· .	DO NOT WRITE		
NAME STREET ADDRESS				IE Eet address	IN THIS SPACE		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITL NAM STRE	* * * * * * * * * * * * * * * * * * * *		2011 Sp(4) PM	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				. 1		, ,	
12. I hereby o	certify that the information supplied with	this filing does not qualify for	or the exe	motion stated in	Section 119 07(3)(i). Florida Statutes. I further certify that the in	formation	

12. I hereby certify that the information supplied with this filling 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-07

3*05 373-4780*

Daytime Phone #