

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90019 034 ***150.00

60015141



02042006 Chg-P CR2E034 (11/05)

4. FEI Number **20-3861115** Applied For
Not Applicable

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

DOCUMENT # P05000157359

1. Entity Name
MILAM DAIRY INVESTMENTS CORPORATION



Principal Place of Business Mailing Address
150 ALHAMBRA CIRCLE **150 ALHAMBRA CIRCLE**
SUITE 1240 **SUITE 1240**
CORAL AGBLES,, FL 33134 US **CORAL GABLES,, FL 33134 US**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
FERNANDEZ, JORGÉ A Name
150 ALHAMBRA CIRCLE Street Address (P.O. Box Number is Not Acceptable)
SUITE 1240
CORAL GABLES,, FL 33134 City **FL** Zip Code

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

FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**
After May 1, 2006 Fee will be \$550.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD SANCHEZ, ELIZABETH 150 ALHAMBRA CIRCLE CORAL AGBLES,, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Elizabeth Sanchez* **12-10-06** **3058883354**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #