

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90429 045 ***150.00

DOCUMENT # P05000160679

1. Entity Name
EDITA-MILOS, INC.



Principal Place of Business
**4601 HOLLY BRANCH DR
806
ORLANDO, FL 32811**

Mailing Address
**4601 HOLLY BRANCH DR
806
ORLANDO, FL 32811**

50018280



2. Principal Place of Business
6807 S. ORANGE AVE
Suite, Apt. #, etc.

3. Mailing Address
6807 S. ORANGE AVE
Suite, Apt. #, etc.

04172006 Chg-P CR2E034 (11/05)

City & State
ORLANDO FL
Zip
32809 Country
ORANGE

City & State
ORLANDO FL
Zip
32809 Country
ORANGE

4. FEI Number
42-168 6663 Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**HAYES, ROBERT S
441 W VINE ST
KISSIMMEE, FL 34741**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
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 *[Signature]* **ZAJIC MILOS** * 4/25/06
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006, Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete
NAME **BRADCOVA, EDITA**
STREET ADDRESS **4601 HOLLY BRANCH DR - # 806**
CITY-ST-ZIP **ORLANDO, FL 32811**

TITLE **VPD** ☒ Delete
NAME **ZAJIC, MILOS**
STREET ADDRESS **4601 HOLLY BRANCH DR - # 806**
CITY-ST-ZIP **ORLANDO, FL 32811**

TITLE **ST** ☒ Delete
NAME **BRABEC, DAVID**
STREET ADDRESS **4601 HOLLY BRANCH DR - # 806**
CITY-ST-ZIP **ORLANDO, FL 32811**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **EDITA BRADCOVA**
STREET ADDRESS **4741 EMERALD FOREST WAY 1702**
CITY-ST-ZIP **ORLANDO FL 32811**

TITLE **VPD** ☒ Change ☐ Addition
NAME **ZAJIC MILOS**
STREET ADDRESS **4741 EMERALD FOREST WAY 1702**
CITY-ST-ZIP **ORLANDO, FL 32809**

TITLE **ST** ☒ Change ☐ Addition
NAME **DAVID BRABEC**
STREET ADDRESS **4741 EMERALD FOREST WAY #1702**
CITY-ST-ZIP **ORLANDO FL 32811**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: *[Signature]* **ZAJIC** * 4/25/06 * 407 851 4999
Signature typed or printed name of signing officer or director Date Daytime Phone #