04-15-2008 90020 048 ***150.00
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000083741

1. Entity Name
MILIAN & SONS POOL SERVICES, INC.

Principal Place of Business	Mailing Address
5414 SW 127TH PLACE MIAMI, FL 33175	5414 SW 127TH PLACE MIAMI, FL 33175

REINSTATEMENT 08

DO NOT WRITE IN THIS SPACE

03212008 No Chg

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MILIAN, ANTONIO
5414 SW 127TH PLACE
MIAMI, FL 33175

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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, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MILIAN, ANTONIO
STREET ADDRESS	5414 SW 127TH PLACE
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	VP
NAME	LABRADA, MARYLIN
STREET ADDRESS	5414 SW 127TH PLACE
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11/13

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: X _____ 3/21/08 305-903-1835
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

TO; DIVISION OF CORPORATIONS
STATE OF FLORIDA

FROM; Milian and son pool service Inc.
DOCUMENT; # P06000083741

WE RECEBED A NOTICE OF DISSOLUTION OF CORPORATION .
BUT WE SENT THIS DOCUMENT SIGNED BY MAIL. TODAY SEND
FOR SECOND TIME THIS DOCUMENT.
FOR CERTIFIED MAIL.

THANKYOU FOR ATTENTION .
ANTONIO MILIAN (PRESIDENTE) .

GRASIAS POR SU ATENCION Y DISCULPEN ESTE
INCOMVENIENTE Y POR CUALQUIER ERROR DE ESCRITURA.
GRASIAS