


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

08 SEP 15 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000089689 1. Entity Name MILAN INVESTMENT GROUP, INC.	
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Principal Place of Business 3000 SW 3RD AVE UNIT 101 MIAMI, FL 33129	Mailing Address 3000 SW 3RD AVE UNIT 101 MIAMI, FL 33129
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2. Principal Place of Business - No P.O. Box # 170 SE 14 Street	3. Mailing Address 170 SE 14 Street
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Suite, Apt. #, etc. CUI	Suite, Apt. #, etc. CUI
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City & State Miami FL	City & State Miami FL
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Zip 33131	Country	Zip 33131	Country
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04292008 Chg-P CR2E034 (12/06)

4. FEI Number 20-5224299	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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5. Name and Address of Current Registered Agent

ARGUELLES, FRANCISCO J
 201 CROSS STREET
 MIAMI SPRINGS, FL 33166

[Signature]

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ State **FL** Zip Code _____

I, the above named entity, submit 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]* DATE 4/30/08

Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when re-registering)

**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 <input type="checkbox"/> Delete
NAME	MOLINA, GUSTAVO
STREET ADDRESS	3000 SW 3RD AVE, UNIT 101 170 SE 14 ST #CUI
CITY- ST- ZIP	MIAMI, FL 33129 miami FL 33131
TITLE	SEC <input type="checkbox"/> Delete
NAME	MOLINA, GUSTAVO
STREET ADDRESS	3000 SW 3RD AVE, UNIT 101 170 SE 14 ST #CUI
CITY- ST- ZIP	MIAMI, FL 33129 miami FL 33131
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	08/01/08 01045 003
STREET ADDRESS	\$150.00
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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]* DATE _____ USE PHONE # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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