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Secretary of State
03-05-2007 90043 010 ***158.75

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000155522

1. Entity Name
MILOL ENTERPRISES, INC.

66008303

Principal Place of Business	Mailing Address
2474 CLUBSIDE COURT 423 PALM HARBOR, FL 34683	2474 CLUBSIDE COURT 423 PALM HARBOR, FL 34683
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

02152007 Chg-P CR2E034 (12/06)

4. FEI Number 32-0188470 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MIZIO, ARMANDO 25400 US 19 NORTH SUITE 210 CLEARWATER, FL 33763	Name: CORRINE MILOL Street Address (P.O. Box Number is Not Acceptable): 2474 CLUBSIDE COURT 423 City: Palm Harbor FL Zip Code: 34683

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: Corrine Milol Corrine Milol 4/2/07
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; 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DPST ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MILOL, CORRINE	NAME	
STREET ADDRESS	2474 CLUBSIDE COURT 423	STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR, FL 34683	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Corrine Milol Corrine Milol 2/28/07 727-642-2330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

President

FEIN# 32-0188470