

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 03, 2008 8:00 am
Secretary of State

04-03-2008 90022 043 ***150.00

DOCUMENT # P07000083564	
1. Entity Name MILAN BUILDING, INC.	

Principal Place of Business 11122 ARIES DRIVE ORLANDO, FL 32837	Mailing Address 11122 ARIES DRIVE ORLANDO, FL 32837
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2. Principal Place of Business - No P.O. Box # 5376 Millenia Blvd Apt 9302 Suite, Apt. #, etc.	3. Mailing Address Same Suite, Apt. #, etc.
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City & State Orlando, FL	City & State
Zip 32839	Country USA

40037500



02122008 Chg-P CR2E034 (12/06)

4. FEI Number 24-0709409	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MILAN, RIGOBERTO L 11122 ARIES DRIVE ORLANDO, FL 32837	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
Signature typed or printed name of registered agent and filed applicable (NOTE: Registered Agent signature required when consenting) DATE

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILAN, RIGOBERTO L 11122 ARIES DRIVE ORLANDO, FL 32837 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Rigoberto Milan **2-11-08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #