

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P19172

FILED
Jan 18, 2009
Secretary of State

Entity Name: MILESTONE AGRICULTURE, INC.

Current Principal Place of Business:

4707 OAK HILL ST.
APOPKA, FL 32712 US

New Principal Place of Business:

Current Mailing Address:

4707 OAK HILL ST
APOPKA, FL 32712 US

New Mailing Address:

FEI Number: 59-2886383

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARMI, DAN
4707 OAK HILL ST.
APOPKA, FL 32712 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D,P () Delete
Name: CARMI, DAN
Address: 2086 MAJESTIC WOODS BLVD
City-St-Zip: APOPKA, FL 32712

Title: D () Delete
Name: CARMI, SHACHAR
Address: 2086 MAJESTIC WOODS BLVD
City-St-Zip: APOPKA, FL 32712

Title: D () Delete
Name: CARMI, SHIRA
Address: 458 W.23RD ST.
City-St-Zip: NY, NY 10011

Title: T () Delete
Name: CARMI, REVITAL
Address: 2086 MAJESTIC WOODS BLVD
City-St-Zip: APOPKA, FL 32712

Title: D () Delete
Name: CARMI, JOHN P
Address: 30313 LIPIZZAN TER.
City-St-Zip: MOUNT DORA, FL 32757

Title: S () Delete
Name: RUBIN, SVETLANA DR.
Address: 30313 LIPIZZAN TRC.
City-St-Zip: MOUNT DORA, FL 32757

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D,P (X) Change () Addition
Name: CARMI, DAN
Address: 30329 GIDRAN TR.
City-St-Zip: MOUNT DORA, FL 32757

Title: D (X) Change () Addition
Name: CARMI, SHACHAR
Address: 30329 GIDRAN TR.
City-St-Zip: MOUNT DORA, FL 32757

Title: D (X) Change () Addition
Name: CARMI, SHIRA
Address: 133 W. 28TH ST. APT 2B
City-St-Zip: NYC, NY 10001

Title: T (X) Change () Addition
Name: CARMI, REVITAL
Address: 30329 GIDRAN TER.
City-St-Zip: MOUNT DORA, FL 32757

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN CARMI

D

01/18/2009

Electronic Signature of Signing Officer or Director

Date