

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90088 013 ***150.00

DOCUMENT # P94000081979		
1. Entity Name MILIAN DEVELOPMENT GROUP, INC.		

Principal Place of Business 7500 SW 53 PL MIAMI, FL 33143 US	Mailing Address 7500 SW 53 PL MIAMI, FL 33143 US
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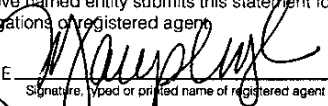
2. Principal Place of Business 8500 SW	3. Mailing Address 8500 SW 182 Terrace
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Palmetto Bay FL	City & State Palmetto Bay FL
Zip 33157	Zip 33157
Country USA	Country USA



04112005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent HOERBER-MILIAN, MARY 7500 SW 53 PL MIAMI, FL 33143		7. Name and Address of New Registered Agent Name 8500 SW 182 Terrace Street Address (P.O. Box Number is Not Acceptable) Palmetto Bay FL Zip Code 33157	
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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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD MILIAN, JORGE L 7500 SW 53 PLACE MIAMI, FL 33143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8500 SW 182 Terrace Palmetto Bay, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MILIAN, MARY H 7500 SW 53 PL MIAMI, FL 33143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8500 SW 182 Terrace Palmetto Bay, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **Mary H. Milian** **04/14/05** **3052356993**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #