

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90077 018 \*\*\*150.00

**DOCUMENT # P97000005077**

1. Entity Name

THE MILIAN CORPORATION



Principal Place of Business

Mailing Address

2700 GRANADA BLVD.  
CORAL GABLES FL 33134

2700 GRANADA BLVD.  
CORAL GABLES FL 33134

2700 GRANADA BLVD

2. Principal Place of Business

305 443 8070

3. Mailing Address

2700 GRANADA BLVD.

Suite, Apt. #, etc.

CORAL GABLES

Suite, Apt. #, etc.

HOME

City & State

FL 33134

City & State

C. GABLES FL

Zip

Country

Zip

33134

Country

U.S.A.

6. Name and Address of Current Registered Agent

HOERBER MILIAN, MARY ESQ.  
525 BARGELLO ROAD  
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name NONE

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME DST  
STREET ADDRESS MILIAN, JORGE LUIS  
CITY-ST-ZIP 525 BARGELLO ROAD  
CORAL GABLES FL 33146

TITLE ☐ Delete  
NAME DP  
STREET ADDRESS MILIAN, GEORGE  
CITY-ST-ZIP 2700 GRANADA BLVD.  
CORAL GABLES FL 33134

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/27/04 - 305 794 7382