

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 11, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000009938 1. Entity Name MILANO-PALM BEACH INVESTMENTS, INC.																													
Principal Place of Business 3560 S OCEAN BLVD SUITE 709 S PALM BEACH FL 33480 US			Mailing Address 3560 S OCEAN BLVD SUITE 709 S PALM BEACH FL 33480 US																										
2. Principal Place of Business Suite, Apt. #, etc			3. Mailing Address Suite, Apt. #, etc																										
City & State			City & State																										
Zip		Country		4. FEI Number 65-0724228 Applied For ☐ Not Applicable																									
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent GRISORIO, FABIO 3560 S OCEAN BLVD #709 S PALM BEACH FL 33480																									
7. Name and Address of New Registered Agent Name 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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>GRISORIO, FABIO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3560 S OCEAN BLVD #709</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>S PALM BEACH FL 33480</td> <td></td> </tr> </table>			TITLE	NAME	☐ Delete	NAME	GRISORIO, FABIO		STREET ADDRESS	3560 S OCEAN BLVD #709		CITY-ST-ZIP	S PALM BEACH FL 33480		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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: F. G. 2/6/2004
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #