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 Mailing Address 3560 S OCEAN BLVD 3560 S OCEAN BLVD SUITE 709 S PALM BEACH FL 33480 US S PALM BEACH FL 33480 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0724228 Not Applicable Ζıρ Country Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GRISORIO, FABIO Street Address (P.O. Box Number is Not Acceptable) 3560 S OČEAN BLVD #709 S PALM BEACH FL 33480 City Zio 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 fille if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TI TITLE Delete TITLE ☐ Change ☐ Addition GRISORIO, FABIO NAME NAME STREET ADDRESS 3560 S OCEAN BLVD #709 STREET ADDRESS CITY-ST-ZIP S PALM BEACH FL 33480 CITY-ST-7IP U000000045587 TITLE ☐ Delete TITLE Change Addition NAME 02/11/04-80068-010 150.00 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition Change MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Daylime Phone #