


2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90173 028 \*\*\*150.00

<b>DOCUMENT # P97000011944</b>					
<b>1. Entity Name</b> MILIC FINE ARTS, INC.					
<b>Principal Place of Business</b> 6211 2ND AVENUE SOUTH STE. 4 ST. PETERSBURG, FL 33707 US			<b>Mailing Address</b> P.O. BOX 66133 ST PETE BEACH, FL 33736-6133 US		
<b>2. Principal Place of Business</b> 531 ESPANOLA WAY		<b>3. Mailing Address</b> P.O. Box 191506			
Suite, Apt. #, etc. <b>7A</b>		Suite, Apt. #, etc.			
<b>City &amp; State</b> MIAMI BEACH		<b>City &amp; State</b> MIAMI BEACH		<b>4. FEI Number</b> 59-3436341	
<b>Zip</b> 33139		<b>Country</b> FLORIDA, US		<b>Applied For</b> Not Applicable	
<b>Zip</b> 33119		<b>Country</b> FLORIDA, US		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> O'CONNOR & ASSOCIATES 2240 BELLEAIR ROAD STE 160 CLEARWATER, FL 33764			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> MILIC, DRAGOSLAV 6211 2ND AV S #4 SAINT PETERSBURG, FL 33707	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> MILIC DRAGOSLAV 531 ESPANOLA WAY 7A MIAMI BEACH FL 33139	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>S</b> MILIC, RAHILJA 6211 2ND AV S #4 SAINT PETERSBURG, FL 33707	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>S</b> MILIC RAHILJA 531 ESPANOLA WAY 7A MIAMI BEACH FL 33139	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>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.</b>					
<b>SIGNATURE:</b> <u>Dragoslav Milic</u>			04/28/2005 (786) 218 3803		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		