## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## May 01, 2006 08:00 AM Secretary of State **DOCUMENT # P97000011944** 1. Entity Name MILIC FINE ARTS, INC. Principal Place of Business Mailing Address P 0 BOX 191506 531 ESPANOLA WAY MIAMI BEACH, FL 33119 MIAMI BEACH, FL 33139 04262006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 59-3436341 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent O'CONNOR & ASSOCIATES DO NOT WRITE 2240 BELLEAIR ROAD STE 160 CLEARWATER, FL 33764 IN THIS SPACE 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. DATE (NOTE: Registered Agent eignature required when reinstating) #800000SSS108 \$5.00 May Be Added to Fees 9. Election Campaign Financing FILE NOWIR FEE IS \$150.00 05/16/06-80017-016 150**.0**0... Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 16. O TITLE MILIC, DRAGOSLAV NAME STREET ADDRESS 531 ESPANOLA WAY 74 CITY-ST-2IP MIAMI BEACH, FL 33139 TITLE MILIC, RAHILJA NAME 531 ESPANOLA WAY 7A STREET ADDRESS City-S1-2IP MIAMI BEACH, FL 33139 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STOLED ADDRESS CITY-ST-ZIP me NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 logal effect as it 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.

DRAGOSCAV MIZIC

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

**FILED**