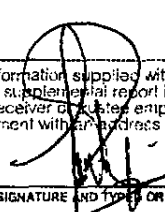


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000066692 1. Entity Name MILU TRADING CORPORATION					
Principal Place of Business 14971 SW 82 LN #208 MIAMI, FL 33193			Mailing Address 14971 SW 82 LN #208 MIAMI, FL 33193		
2. Principal Place of Business Suite, Apt. # etc.			3. Mailing Address Suite, Apt. # etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number 65-0769620			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent IGLESIAS, ADOLFO E 12010 SW 97TH ST MIAMI, FL 33186-2606				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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SAMITIER, FRANK A 15292 SW 104TH ST, SUITE #1127 MIAMI, FL 33196	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD SAMITIER, JOSE M 15292 SW 104TH ST, SUITE #1127 MIAMI, FL 33196	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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:  Frank Samitier President 03/15/04 205 4082569 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		