


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000072690</b> 1. Entity Name <b>MILUM, INC.</b>	
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Principal Place of Business <b>16252 NW 14TH CT. PEMBROKE PINES, FL 33028</b>	Mailing Address <b>16252 NW 14TH CT. PEMBROKE PINES, FL 33028</b>
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04242006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0776157</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fees Required
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**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**MARTINEZ, MILEIDY  
16252 NW 14TH CT.  
PEMBROKE PINES, FL 33028**

**DO NOT WRITE  
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.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	MARTINEZ, MILEIDY
STREET ADDRESS	16252 NW 14TH CT.
CITY-ST-ZIP	PEMBROKE PINES, FL 33028
TITLE	D
NAME	MARTINEZ, LUIS
STREET ADDRESS	16252 NW 14TH CT.
CITY-ST-ZIP	PEMBROKE PINES, FL 33028
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000541551  
05/10/06-80061-019 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Mileidy Martinez  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/06 954-432-647  
Date Daytime Phone #