
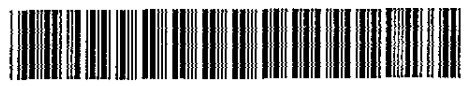


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 06, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000044295</b> 1. Entity Name <b>MILANO CAFE, INC.</b>	
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Principal Place of Business <b>3575 NE 207 ST B-6B AVENTURA FL 33180</b>	Mailing Address <b>2875 N.E. 191ST STREET SUTIE 500 AVENTURA FL 33180</b>
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MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>65-0851162</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>
<b>DELAJARA, HORTENCIA 3575 NE 207 ST B-6B AVENTURA FL 33180</b>

<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

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 reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	ROSENTHAL, ALAN S
STREET ADDRESS	2875 N.E. 191ST STREET
CITY-ST-ZIP	AVENTURA FL 33180
TITLE	DP <input type="checkbox"/> Delete
NAME	DELAJARA, HORTENCIA
STREET ADDRESS	3575 NE 207 ST B-6B
CITY-ST-ZIP	AVENTURA FL 33180
TITLE	ST <input type="checkbox"/> Delete
NAME	MARQUINA, RUBEN
STREET ADDRESS	3575 NE 207 ST B-6B
CITY-ST-ZIP	AVENTURA FL 33180
TITLE	FVP <input type="checkbox"/> Delete
NAME	MARQUINA-DELAJARA, MONICA
STREET ADDRESS	3575 NE 207 ST B-6B
CITY-ST-ZIP	AVENTURA FL 33180
TITLE	SVP <input type="checkbox"/> Delete
NAME	MARQUINA-DELAJARA, MOHASIR
STREET ADDRESS	3575 NE 207 ST B-6B
CITY-ST-ZIP	AVENTURA FL 33180
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	U00000038411 02/06/04-80134-019 150.00
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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.

SIGNATURE: RUBEN MARQUINA 02/02/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #