


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90048 034 ***150.00

DOCUMENT # P98000044295

1. Entity Name
MILANO CAFE, INC.



Principal Place of Business
**3575 NE 207 ST
 B-6B
 AVENTURA, FL 33180**

Mailing Address
**2875 N.E. 191ST STREET
 SUTIE 500
 AVENTURA, FL 33180**

50010217



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01062005 Chg-P CR2E034 (10/03)

City & State
 Zip Country

4. FEI Number
65-0851162

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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

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 reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	<input checked="" 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 checked="" type="checkbox"/> Delete
NAME	MARQUINA DE LAJARA, MONICA	
STREET ADDRESS	3575 NE 207 ST B-6B	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE	SVP	<input checked="" type="checkbox"/> Delete
NAME	MARQUINA DE LAJARA, MONICA	
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		
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 another like empowered.

SIGNATURE: *Ruben Marquina* **DIRECTOR** Date: 01/31/05 Daytime Phone #: (305) 6828852

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR