


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED


**Jan 20, 2006 08:00 AM
Secretary of State**

DOCUMENT # P98000044295
 1. Entity Name
MILANO CAFE, INC.



Principal Place of Business Mailing Address
 3575 NE 207 ST 2875 N.E. 191ST STREET
 B-6B SUTIE 500
 AVENTURA, FL 33180 AVENTURA, FL 33180

DO NOT WRITE IN THIS SPACE



01102006 No Chg-P CR2E034 (11/05)

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

6. Name and Address of Current Registered Agent

DELAJARA, HORTENCIA
 3575 NE 207 ST
 B-6B
 AVENTURA, FL 33180

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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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP | DP DELAJARA, HORTENCIA 3575 NE 207 ST B-6B AVENTURA, FL 33180 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST MARQUINA, RUBEN 3575 NE 207 ST B-6B AVENTURA, FL 33180 |
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01/17/06 60079-019 150.00

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:  01/17/06 SECRETARY

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #