


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90556 028 ***150.00

R2009837 AV

DOCUMENT # P98000044295 1. Entity Name MILANO CAFE, INC.	
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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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



CHECK HERE IF MAKING CHANGES

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
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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, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENTHAL, ALAN S	NAME	
STREET ADDRESS	2875 N.E. 191ST STREET	STREET ADDRESS	
CITY-ST-ZIP	AVENTURA FL 33180	CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELAJARA, HORTENCIA	NAME	
STREET ADDRESS	3575 NE 207 ST B-6B	STREET ADDRESS	
CITY-ST-ZIP	AVENTURA FL 33180	CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARQUINA, RUBEN	NAME	
STREET ADDRESS	3575 NE 207 ST B-6B	STREET ADDRESS	
CITY-ST-ZIP	AVENTURA FL 33180	CITY-ST-ZIP	
TITLE	FVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARQUINA-DELAJARA, MONICA	NAME	
STREET ADDRESS	3575 NE 207 ST B-6B	STREET ADDRESS	
CITY-ST-ZIP	AVENTURA FL 33180	CITY-ST-ZIP	
TITLE	SVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARQUINA-DELAJARA, MOHASIR	NAME	
STREET ADDRESS	3575 NE 207 ST B-6B	STREET ADDRESS	
CITY-ST-ZIP	AVENTURA FL 33180	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: _____ **REQUIRED** 01/16/03

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

CR2E034 (10/02)