## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## May 03, 2004 08:00 AM Secretary of State DOCUMENT # P98000069001 1. Entity Name MILAMI, INC. Principal Place of Business Mailing Address 6660 20TH STREET 6660 20TH STREET VERO BEACH, FL 32966 VERO BEACH, FL 32966 04262004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0896955 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LAMB, RICHARD L DO NOT WRITE **1517 20TH STREET** VERO BEACH, FL 32961 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 tamiliar with, and accept The oxigations of registered agent SIGNATURE. Signified Notice a lated which figure days standard face can c PROFILE Historia and Argent in grantural or particular and nine reliain ago ∟ا∆ئب \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contrioution After May 1, 2004 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. DILE KAME RAMAIYA, MADHU STREET ADDRESS 925 33RD AVE CITY ST ZIP VERO BEACH, FL 32960 TITLE HAME STREET ADDRESS CITY ST ZIP TITLE hAME STREET ADDRESS DO NOT WRITE DITY ST ZIE IN THIS SPACE TITLE NAME STREET ADDRESS CITY ST ZIF DT F HAME STREET ADDRESS CITY ST ZIF

12. Thereby cert'ly that the information supplied with this filling does not quality for the exemption stated in Section 119 07(3)(1). Fioridal Statutes, I further cert'ry that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same regal effect as it 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. Fioridal Statutes, and that my name appears in Block 10 or Block 1

MAME STREET ADDRESS CITY ST ZIP

SIGNATURE: Machin SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTO MADHU RAMBIYA

**FILED**