


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000004715	
1. Entity Name MILAGRO IMPORTS, INC.	

Principal Place of Business 1313 PONCE DE LEON BLVD. SUITE 200 CORAL GABLES, FL 33134	Mailing Address 3000 OLD ALABAMA ROAD 119-2801 ALPHARETTA, GA 30022
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DO NOT WRITE IN THIS SPACE



07062004 No Chg-P CR2E034 (10/03)

4. FEI Number 58-2456873	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent QUESADA, G F 1313 PONCE DE LEON BLVD. SUITE 200 CORAL GABLES, FL 33134	
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**DO NOT WRITE
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 familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WERNICK, ALEX 2480 CLUB WORK TRACE ALPHARETTA, GA 30022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB EARARI, MOISES G BOSQUE DE OLIVARES NO. 461 MEXICO DF 11700,
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Alex Wernick 7/6/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #