


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90026 038 \*\*\*150.00

**DOCUMENT # P99000011362**  
 1. Entity Name  
**MILCO MOTOR COMPANY, INC.**



Principal Place of Business Mailing Address  
**10442 N W 31 TER MIAMI FL 33172** **10442 N W 31 TER MIAMI FL 33172**

2. Principal Place of Business **13475 SW 72 CT** 3. Mailing Address **13475 SW 72 CT**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **PINECAST, FL** City & State **PINECAST, FL**  
 Zip **33156** Country **MIAMI-DADE** Zip **33156** Country **MIAMI-DADE**

4. FEI Number **65-0898419** Applied For  Not Applicable

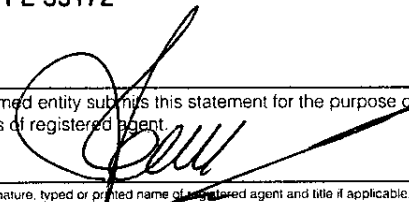
5. Certificate of Status Desired  **\$8.75** Additional Fee Required



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent  
**MILOSLAVIC, MIGUEL**  
**10442 N.W. 31ST TERR**  
**MIAMI FL 33172**

7. Name and Address of New Registered Agent  
 Name **MIGUEL MILOSLAVIC**  
 Street Address (P.O. Box Number is Not Acceptable) **13475 SW 72 CT**  
 City **MIAMI** FL Zip Code **33156**

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 **2/2/04**  
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, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MILOSLAVIC, MIGUEL	
STREET ADDRESS	10442 N W 31 TER	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	DS	<input type="checkbox"/> Delete
NAME	COELLO, DANNY	
STREET ADDRESS	10442 N W 31 TER	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILOSLAVIC, MIGUEL	
STREET ADDRESS	13475 SW 72 CT	
CITY-ST-ZIP	MIAMI, FL 33156	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILOSLAVICH, MIGUEL O.	
STREET ADDRESS	13475 SW 72 CT	
CITY-ST-ZIP	MIAMI, FL 33156	
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 my address, with all other like empowered.

SIGNATURE:  DATE **2/2/04** Daytime Phone #