

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Jan 31, 2005 8:00 am**  
**Secretary of State**

01-31-2005 90080 031 \*\*\*150.00

**50008320**



01272005 Chg-P CR2E034 (10/03)

DOCUMENT # P99000011362					
1. Entity Name MILCO MOTOR COMPANY, INC.					
Principal Place of Business 13475 SW 72 CT. MIAMI, FL 33156		Mailing Address 13475 SW 72 CT. MIAMI, FL 33156			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0898419	Applied For <input type="checkbox"/> Not Applicable.
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MILOSLAVIC, MIGUEL 13475 SW 72 CT. MIAMI, FL 33156			Name MILOSLAVICH, MIGUEL C.		
			Street Address (P.O. Box Number is Not Acceptable)		
			8201 NW 66 <sup>TH</sup> STREET, SUITE 10		
			City MIAMI	FL	Zip Code 33166
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: <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating.) DATE: 1/27/05					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILOSLAVIC, MIGUEL		NAME		
STREET ADDRESS	13475 SW 72 CT.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33156		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILOSLAVICH, MIGUEL E		NAME	MILOSLAVICH, MIGUEL C.	
STREET ADDRESS	13475 SW 72 CT.		STREET ADDRESS	8201 NW 66 <sup>TH</sup> STREET, SUITE 10	
CITY-ST-ZIP	MIAMI, FL 33156		CITY-ST-ZIP	MIAMI, FL 33166	
TITLE		<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	SALVADOR, MARIAGRAZIA	
STREET ADDRESS			STREET ADDRESS	8201 NW 66 <sup>TH</sup> STREET, SUITE 10	
CITY-ST-ZIP			CITY-ST-ZIP	MIAMI, FL 33166	
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		
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 reports 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 another like empowered.					
SIGNATURE: <i>[Signature]</i>		MIGUEL C. MILOSLAVICH		1/27/05 305-4790631	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	