


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90029 035 ***150.00

DOCUMENT # P99000011362

1. Entity Name
MILCO MOTOR COMPANY, INC.



Principal Place of Business Mailing Address
13475 SW 72 CT. MIAMI FL 33156 **13475 SW 72 CT. MIAMI FL 33156**

2. Principal Place of Business **9737 NW 41 ST** 3. Mailing Address **SAME**
 Suite, Apt. #, etc. **# 339** Suite, Apt. #, etc.

City & State **DORAL - FL** City & State

Zip **33178** Country **DADE** Zip Country



1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent
MILOSLAVIC, MIGUEL C
8201 NORTHWEST 66TH STREET
SUITE 10
MIAMI FL 33166

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

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

7. Name and Address of New Registered Agent
 Name **MIGUEL C. MILOSLAVICH**
 Street Address (P.O. Box Number is Not Acceptable) **9737 NW 41 ST # 339**
 City **DORAL** FL Zip Code **33178**

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 **3.10.06**
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, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SALVADOR, MARIAGRAZIA	
STREET ADDRESS	8201 NORTHWEST 66TH STREET #10	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MILOSLAVICH, MIGUEL C	
STREET ADDRESS	8201 NORTHWEST 66TH STREET #10	
CITY-ST-ZIP	MIAMI FL 33166	
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	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIAGRAZIA SALVADOR	
STREET ADDRESS	9737 NW 41 ST # 339	
CITY-ST-ZIP	DORAL, FL 33178	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIGUEL C. MILOSLAVICH	
STREET ADDRESS	9737 NW 41 ST. # 339	
CITY-ST-ZIP	DORAL, FL 33178	
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		
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 exemptions contained in Section 119, 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: _____ DATE **3.10.06** DAYTIME PHONE # **305.479.0631**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #