

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000030563 1. Entity Name CAGMIL PROPERTIES, INC.	
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FILED

07 JUN -1 AM 7:34

CLERK OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 816 W. DR. MLK JR. BLVD TAMPA, FL 33063-3302	Mailing Address 816 W. DR. MLK JR. BLVD TAMPA, FL 33063-3302
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DO NOT WRITE IN THIS SPACE

04122007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3566864	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 CAGLIANONE, JEFFREY A ESQ 816 W. DR. MLK JR. BLVD TAMPA, FL 33603-3392

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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 reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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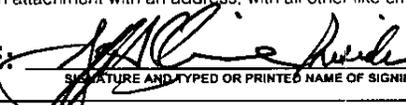
10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CAGLIANONE, JEFFREY A ESQ 816 W. DR. MLK JR. BLVD TAMPA, FL 336033302
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MILLER, FRANK A ESQ 816 W. DR. MLK JR. BLVD TAMPA, FL 336033302
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06/08/07--01018--005 **150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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	 JEFFREY A. CAGLIANONE, PRES 4/12/07 813-240-6258	Date	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			