

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90032 024 ***150.00

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DOCUMENT # P99000081662 1. Entity Name MIPEN, INC.			
Principal Place of Business 7120 N. UNIVERSITY DR TAMARAC, FL 33321		Mailing Address 7120 N. UNIVERSITY DR TAMARAC, FL 33321	
2. Principal Place of Business - No P.O. Box # <i>11936 NW 2nd ct</i>		3. Mailing Address <i>11936 NW 2nd ct</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Coral Springs</i>		City & State <i>Coral Springs</i>	
Zip <i>33071</i>		Zip <i>33071</i>	
Country <i>USA</i>		Country <i>USA</i>	
4. FEI Number 65-0948315		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILANO, MARIO 7120 N. UNIVERSITY DR TAMARAC, FL 33321		7. Name and Address of New Registered Agent Name <i>MARIO MILANO</i> Street Address (P.O. Box Number is Not Acceptable) <i>11936 NW 2nd ct</i> City <i>CORAL SPRINGS</i> FL Zip <i>33071</i>	
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>MARIO MILANO President</i> (NOTE: Registered Agent signature required when re-registering) DATE <i>4-14-08</i>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 NAME STREET ADDRESS CITY-ST-ZIP	D MILANO, MARIO D 11936 NW 2ND CT CORAL SPRINGS, FL 33321	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Milano, MARIO D</i> <i>11936 NW 2nd ct</i> <i>CORAL SPRINGS FL 33071</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROMAN, JUAN C 10975 NW 27TH PL SUNRISE, FL 33322	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
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: <i>MARIO MILANO President</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <i>4-14-08</i> Daytime Phone # <i>9547968957</i>	