


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2005 08:00 AM
Secretary of State

DOCUMENT # V06715 1. Entity Name MILANIAN, INC.	
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Principal Place of Business 1808 BRUCE B. DOWNS BLVD. WESLEY CHAPEL, FL 33543-8632	Mailing Address 1808 BRUCE B. DOWNS BLVD. WESLEY CHAPEL, FL 33543-8632
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DO NOT WRITE IN THIS SPACE



03232005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3099920	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

MILANIAN, SOHAIL
1808 BRUCE B. DOWNS BLVD.
WESLEY CHAPEL, FL 33543-8632

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IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILANIAN, SOHAIL 17907 CACHET ISLE DR TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MILANIAN, LYNNE 17907 CACHET ISLE DR TAMPA, FL
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04/02/05-80043-014 150.00

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IN THIS SPACE**

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 an address, with all other like empowered.

SIGNATURE: *Sohail Milanian* 3/28/05 (813) 404-6798

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #