2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

of the corporation or the receiver or trus changed, or on an attachment with an

SIGNATURE AND

SIGNATURE:

Mar 09, 2004 8:00 am **Secretary of State DOCUMENT # P02000128745** 1. Entity Name 03-09-2004 90022 047 ***158.75 MILLENIA CAPITAL INVESTMENTS, INC. Principal Place of Business Mailing Address 6167 N.W. 181 TERRACE CIRCLE NORTH 6167 N.W. 181 TERRACE CIRCLE NORTH **MIAMI FL 33015 MIAMI FL 33015** 2. Principal Place of Busines 3. Mailing Address 19536 SW 49 19536 SW 49 Ct. Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For FL MIRAMAR FL 11-3666221 MIRAMAR Not Applicable Country US A \$8.75 Additional 5. Certificate of Status Desired Ø/ USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ALEJANDRO CASAS, ALEJANDRO -------Street Address (P.O. Box Number is Not Acceptable) 6167 N.W. 181 TERRACE CIRCLE NORTH **MIAMI FL 33015** 8. The above named entire submits the 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 reg ALEIAUDRO CASAS SIGNATURE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PDV TITLE PDV ☐ Delete TITLE ☐ Addition CASAS, ALEJANDRO 19536 SW 49 Ct MIRAMAR, FL 3: NAME CASAS, ALEJANDRO NAME 6167 N.W. 181 TERRACE CIRCLE NORTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33015** CITY-ST-ZIP DS Delete TITLE ☐ Addition ASAS, AYMET CASAS, AYMET NAME 9536 SW 49 Ct. STREET ADDRESS 6167 N.W. 181 TERRACE CIRCLE NORTH STREET ADDRESS 33029 CITY-ST-7IP MIAMI FL 33015 CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP TITLE TITLE □ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change 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 apprt 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

like empowered.

OF SIGNING OFFICER OR DIRECTOR

FILED