## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 05, 2005 08:00 AN Secretary of State

|  | HIVE HER VILL                               |             | _                           |               |
|--|---|-------------|-----------------------------|---------------|
| DOCUMENT # P03  1. Enity Name MILLENNIUM BROKERAG  |   |             |                             |               |
| Principal Place of Business  | Mailing Address                             | <del></del> |                             |               |
| P.O. BOX 848537<br>PEMBROKE PINES, FL 33084 U  | P.O. BOX 848537<br>PEMBROKE PINES, FL 33084 | US          |                             |               |
| The state of the s |   |             |                             |               |
| DO NOT V   | VOITE IN THIS COA                           | or .        | 05022005                    | No Chg-       |
| DO NOT WRITE IN THIS SPACE   |   |             | 4. FE! Number<br>20-0285364 |               |
|  |   |             | 5. Certificate              | of Status Des |
|  |   |             |                             |               |

| MICHELSO<br>10343 BR/   | 6. Name and Address of Current Regis   |  | CE       |                                |                    | Fee Rec                              | Applied For<br>Not Applicable<br>Additional |
|---|--|--|----------|--------------------------------|--------------------|--------------------------------------|---|
| 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 |  |  |          |                                |                    |                                      |   |
| Fil   | Signature, typed or printed name of registered egent and title  LE NOWIII FEE IS \$550.00  ue by September 7, 2005 | P. Election Campaign Finar Trust Fund Contribution.  |          | \$5.00 May Be<br>Added to Fees |                    | DATE                                 |   |
| 10.   | OFFICERS AND DIREC   | OTORS  | I        | 7. 7 - 202.0 W/G               | Mark To Service    | <del></del>                          | <del> </del>                                |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | P<br>MICHELSON, ALLEN M<br>10343 BRASILIA STREET<br>COOPER CITY, FL 33026  |  |          | **                             | ·                  |                                      |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |  | ·····    | ·                              | 110000             | N362252                              |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |  |          | DO                             | _05/05/05<br>NOT W | 0362252<br>-80109-019<br><b>RITE</b> | 150.00                                      |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |  |          | IN T                           | 'HIS SP            | ACE                                  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |  | ==       | - \$                           | -                  |                                      | ٠   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | The second secon | <u>=</u> | <u> </u>                       |                    |                                      |   |

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 of 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: Allen Michael Allen Michael Son                       | 05-02-05 | (954) 558-6438  |
|--|----------|-----------------|
| Manature and typed or printed name of Manhad Officer or Director | Desta    | Daytine Phone # |