


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90135 030 ***150.00

DOCUMENT # P99000085215

1. Entity Name
MILLENIUM FOOD MANAGEMENT, CORP.



Principal Place of Business: **10658 NW 7TH STREET MIAMI, FL 33172**

Mailing Address: **7105 SW 8 ST., #309 MIAMI, FL 33144**

54053521



2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country

3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

04282004 Chg-P CR2E034 (10/03)

4. FEI Number: **65-0949926** Applied For: Not Applicable:

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: **PAVA, CONSUELO 1901 BRICKELL AVENUE, APT. 2209 MIAMI, FL 33129**

7. Name and Address of New Registered Agent: Name, Street Address (P.O. Box Number is Not Acceptable), City, State (FL), Zip Code

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 restoring) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PD <input type="checkbox"/> Delete	NAME: PAVA, CONSUELO STREET ADDRESS: 1901 BRICKELL AVENUE, APT. 2209 CITY-ST-ZIP: MIAMI, FL 33129	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: SD <input type="checkbox"/> Delete	NAME: NEIRA, NELSON STREET ADDRESS: 1901 BRICKELL AVENUE, APT. 2209 CITY-ST-ZIP: MIAMI, FL 33129	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE: <input type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: Causulo Pava 4/30/04 (305)226-3443

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Distinguishing Number