## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000005888

City-St-Zip:

MIAMI, FL 33134

Entity Name: GOLD FILLED MILLENNIUM, CORP

FILED Jan 07, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
1915-1917 MIAMI, FL	' N.W. 21ST STR 33142	REET		
Current M	lailing Address:	:	New Mailing Address:	
1915-1917 MIAMI, FL	' N.W. 21ST STR 33142	REET		
FEI Number	: 65-1113891	FEI Number Applied For ( )	FEI Number Not Applicable ( ) Certificate of Status Desired	(X)
Name and	l Address of Cu	rrent Registered Agent:	Name and Address of New Registered Agent:	
CRUZ, ER 3900 NW MIAMI, FL	79TH AVENUE, \$	STE 326		
	e named entity su e of Florida.	bmits this statement for the p	ourpose of changing its registered office or registered agent, or	both,
SIGNATUI				
	Electronic	Signature of Registered Age	ent Date	
Election Car	mpaign Financing T	rust Fund Contribution ( ).		
OFFICERS AND DIRECTORS:				
OI I IOLIK	S AND DIRECTO	.,	ADDITIONS/CHANGES TO OFFICERS AND DIRE	ECTO
Title: Name: Address:	S AND DIRECTO SVD ()D RODRIGUEZ, ALD 1071 NE 86 ST MIAMI, FL 33150	ORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRE  Title: SVD (X) Change ( ) Addition  Name: RODRIGUEZ, ALDO  Address: 1071 NE 86 ST  City-St-Zip: MIAMI, FL 33138	ECTO
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	SVD () D RODRIGUEZ, ALI 1071 NE 86 ST	DRS: relete DO relete DRO	Title: SVD (X) Change ( ) Addition Name: RODRIGUEZ, ALDO Address: 1071 NE 86 ST	ECTO
Title: Name: Address: City-St-Zip: Title: Name: Address:	SVD () D RODRIGUEZ, ALE 1071 NE 86 ST MIAMI, FL 33150 TD () D ANTON, ALEJANE 4867 S.W. 148TH	DRS: lelete DO lelete DRO I COURT	Title: SVD (X) Change () Addition Name: RODRIGUEZ, ALDO Address: 1071 NE 86 ST City-St-Zip: MIAMI, FL 33138  Title: () Change () Addition Name: Address:	ECTO

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: BEATRIZ R ANTON P 01/07/2005