


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000014101**

1. Entity Name  
**MILENIUM SUPPLY, INC.**



Principal Place of Business      Mailing Address

**9920 NW 21 ST**      **9920 NW 21 ST**  
**MIAMI, FL 33172**      **MIAMI, FL 33172**

**DO NOT WRITE IN THIS SPACE**



01162006      No Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For  
**65-0985664**      Not Applicable

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

6. Name and Address of Current Registered Agent

**CASTILLO, ALVARO R**  
**1390 BRICKELL AVENUE**  
**SUITE 200**  
**MIAMI, FL 33131**

**DO NOT WRITE 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 *Alvaro R. Castillo*      DATE 02/13/06

Signature, typed or printed name of registered agent or officer if applicable      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 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	PD MARTIN, MIGUEL A 9920 NW 21 STREET MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT DE LOS ANGELES, MARIA 9920 NW 21 STREET MIAMI, FL 33172
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 03/03/06-80016-018 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Alvaro R. Castillo*      DATE 02/13/06      DAYTIME PHONE # (305) 471 0407

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