## 2007 FOR PROFIT CORPORATION

## **FILED** May 02, 2007 08:00 A Secretary of State **ANNUAL REPORT DOCUMENT # P00000021384** THE MILLENIUM WOOD BOXES, INC. Mailing Address Principal Place of Business 13139 SW 122TH AVENUE 13139 SW 122TH AVENUE MIAMI, FL 33186 MIAMI. FL 33186 CR2E034 (11/05) 04302007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0987249 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE CABRERA, RAMON M 14924 SW 142 ST MIAMI, FL 33196 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. DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PD TITLE CABRERA, RAMON M NAME 17400 S.W. 147TH COURT STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33193 TITLE U00000754454 05/22/07-80061-016 150.00 NAME STREET ADDRESS CiTY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this like 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 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 flustee employed 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 a pher like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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BAND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

472.07.

Davima Phone #