

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90214 042 ***150.00

DOCUMENT # P00000030611

1. Entity Name
MILLENIUM BUILDERS, INC.



Principal Place of Business
**2460 SW 137 AVE., STE 238
MIAMI, FL 33175**

Mailing Address
**2460 SW 137 AVE., STE 238
MIAMI, FL 33175**

40083733



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04232007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

65-0996920

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~OCHOA, OSVALDO~~ *Ochoa OSVALDO*
**2400 SW 137 AVE
STE 238
MIAMI, FL 33175**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	PD OCHOA, OSVALDO <input type="checkbox"/> Delete
STREET ADDRESS	2460 SW 137 AVE., STE 238
CITY-ST-ZIP	MIAMI, FL 33175
TITLE NAME	VPD OCHOA, CARMEN L <input type="checkbox"/> Delete
STREET ADDRESS	2460 SW 137 AVE., STE 238
CITY-ST-ZIP	MIAMI, FL 33175
TITLE NAME	SD OCHOA, OMAR A <input type="checkbox"/> Delete
STREET ADDRESS	2460 SW 137 AVE., STE 238
CITY-ST-ZIP	MIAMI, FL 33175
TITLE NAME	TD OCHOA, OSVALDO M <input type="checkbox"/> Delete
STREET ADDRESS	2460 SW 137 AVE., STE 238
CITY-ST-ZIP	MIAMI, FL 33175
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #