


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

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

**DOCUMENT # P00000056033**

1. Entity Name  
**NEW MILENIUM CASH EXCHANGE, INC.**



Principal Place of Business <b>1434 COLLINS AVENUE          #1          MIAMI BEACH, FL 33139</b>	Mailing Address <b>1434 COLLINS AVENUE          #1          MIAMI BEACH, FL 33139</b>
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**DO NOT WRITE IN THIS SPACE**



01102006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-1015271</b>	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**LOPEZ, FLOR A  
 1434 COLLINS AVE STE 1  
 MIAMI BEACH, FL 33139**

**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: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**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	T
NAME	LOPEZ, PEDRO A
STREET ADDRESS	820 3RD STREET #10
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	V
NAME	RODRIGUEZ, ERIK
STREET ADDRESS	6460 NW 29 ST
CITY-ST-ZIP	SUNRISE, FL 33313
TITLE	P
NAME	LOPEZ, FLOR ANGELA
STREET ADDRESS	820 3RD STREET, APT. 10
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 01/24/06-80060-016 150.00

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]* **01-17-2006**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #