## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## **Secretary of State** DOCUMENT # P0000056033 03-08-2007 90022 021 \*\*\*150.00 1. Entity Name NEW MILENIUM CASH EXCHANGE, INC. Mailing Address Principal Place of Business ~~~vu 1434 COLLINS AVENUE 1434 COLLINS AVENUE MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Due 1610 Collins Suite, Apt. #, etc. Suite, Apt. #, etc. 02162007 CR2E034 (12/06) ity & State Applied For City & State 4. FEI Number Bead Beach ŀ٤ 65-1015271 Not Applicable 33139 Country IDS \$8.75 Additional 33131 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Lopez LOPEZ, FLOR A Street Address (P.D. Box Number is Not Acceptable) 1434 COLLINS AVE STE 1 MIAMI BEACH, FL 33139 5+ ∄ 10 City 3213S Beach 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. വ - 26*-*07 SIGNATURE. registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Signature, typ 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Change ☐ Addition TITLE ☐ Delete LOPEZ, PEDRO A NAME NAME 820 3RD STREET #10 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33139 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE LOPEZ, FLOR A NAME NAME STREET ADDRESS STREET ADDRESS 820 3RD STREET, APT. 10 MIAMI BEACH, FL 33139 CITY-ST-7IP CITY-ST-ZIP ☐ Delete □ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Delete ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Defete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Mar 08, 2007 8:00 am

Daytime Phone #