


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 08:00 A
Secretary of State

DOCUMENT # P00000056033
 1. Entity Name
 NEW MILENIUM CASH EXCHANGE, INC.



Principal Place of Business Mailing Address
 1610 COLLINS AVE 1610 COLLINS AVE
 MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139

DO NOT WRITE IN THIS SPACE



01212008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 65-1015271 Not Applicable

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

6. Name and Address of Current Registered Agent
 LOPEZ, FLOR A
 820 3RD ST #10
 FORT LAUDERDALE, FL 33319

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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 *Flora Lopez* (NOTE: Registered Agent signature required when reinstating) DATE 01-22-08

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	LOPEZ, PEDRO A
STREET ADDRESS	820 3RD STREET #10
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	P
NAME	LOPEZ, FLOR A
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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 01/30/08-80023-021 150.00

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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: *Flora Lopez* Date 01/22/08 Daytime Phone # 305 674 6677

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR