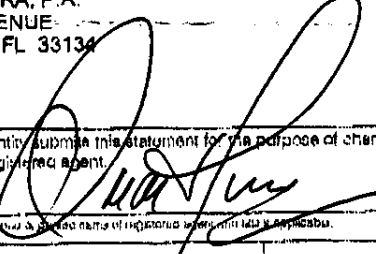
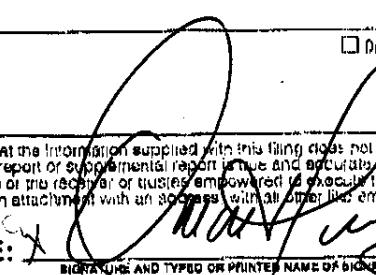


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90219 018 ***158.75

DOCUMENT # P00000066550			
1. Entity Name MILLENNIUM BUILDERS & ASSOCIATES, INC.			
Principal Place of Business 5927 SOUTHWEST 8TH STREET MIAMI, FL 33144		Mailing Address 5927 SOUTHWEST 8TH STREET MIAMI, FL 33144	
2. Principal Place of Business 6971 NW 82 AVE Suite, Apt. #, etc.		3. Mailing Address 6971 NW 82 AVE Suite, Apt. #, etc.	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33166	Country USA	Zip 33166	Country USA
4. FE Number 65-1023416		Applied For Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		04282004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343-ALMERIA AVENUE CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name OMAR PEREZ Street Address (P.O. Box Number is Not Acceptable) 6971 NW 82 AVE City MIAMI FL Zip Code 33166	
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: 		OMAR PEREZ 4/26/04	
FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$650.00		9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PEREZ, OMAR 5927 SOUTHWEST 8TH STREET MIAMI, FL 33144 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD GARCIA, DAVID 5927 SOUTHWEST 8TH STREET MIAMI, FL 33144 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), 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 without other line empowered.			
SIGNATURE: 		4/26/04 305-261-4010	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	