APR-29-04 11:23 FROM-

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

04292004 Chg-P CR2E034 (10/03)

2. Principal Place of Business: 6971 NW 82 AVE
Suite, Apt. #, etc.
City & State: MIAMI FL
Zip: 33166 Country: USA

3. Mailing Address: 6971 NW 82 AVE
Suite, Apt. #, etc.
City & State: MIAMI, FL
Zip: 33166 Country: U.S.A

4. FEI Number: 65-1023416 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

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: [signature] OMAR Perez 4/26/04
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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PTD	☐ Delete
NAME	PEREZ, OMAR	
STREET ADDRESS	5927 SOUTHWEST 8TH STREET	
CITY-ST-ZIP	MIAMI, FL 33144	
TITLE	SVD	☒ Delete
NAME	GARCIA, DAVID	
STREET ADDRESS	5927 SOUTHWEST 8TH STREET	
CITY-ST-ZIP	MIAMI, FL 33144	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] 4/26/04 305-261-4010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #