

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90031 035 ***150.00

DOCUMENT # P0000084534			
1. Entity Name MILLENNIUM CABLING & FIBER OPTICS, INC.			
Principal Place of Business 11091 LANDSMAN ST BOCA RATON, FL 33428		Mailing Address C/O MARK I. INGBER, C.P.A. 3071 N.W. 107TH AVENUE CORAL SPRINGS, FL 33065-3626	
2. Principal Place of Business		3. Mailing Address <i>C/O Mark I. Ingber, CPA, PA.</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>10100 West Sample Road #326</i>	
City & State		City & State <i>Coral Springs FL</i>	
Zip	Country	Zip <i>33065-3973</i>	Country <i>US</i>
4. FEI Number 65-1037846		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ASCANO, MIGUEL V 11091 LANDSMAN ST BOCA RATON, FL 33428		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reconstituting) <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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	DPST ASCANO, MIGUEL V 11091 LANDSMAN ST BOCA RATON, FL 33428	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Miguel V. Asceno</i>		Date: <i>4/7/05</i> Daytime Phone #: <i>954-510-0105</i>	