## 2007 FOR PROFIT CORPORATION

## **FILED** Mar 29, 2007 08:00 A Secretary of State **ANNUAL REPORT DOCUMENT # P00000099033 NEW MILLENNIUM 2, INC.** Principal Place of Business Mailing Address 1675 S.W. 25TH AVENUE 1675 S.W. 25TH AVENUE MIAMI, FL 33145 MIAMI, FL 33145 03092007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1049327 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RUBIO, IRIS DO NOT WRITE 1675 S.W. 25TH AVENUE MIAMI, FL 33145 IN THIS SPACE 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, 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, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PSTV TITLE RUBIO, IRIS NAME 1675 S.W. 25TH AVENUE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33145 000000682708 04/05/07-80014-017 150.00 TITLE RUBIO, IRIS NAME 1675 S.W. 25TH AVENUE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33145 TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

12. Thereby 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 dustee 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

SIGNATURE:

TILLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP