
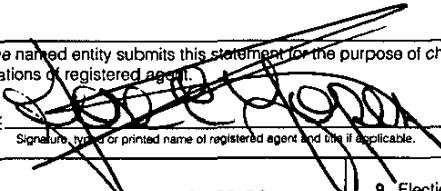
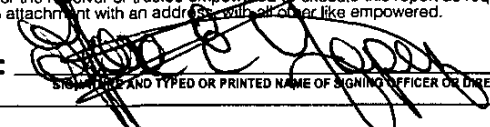


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90061 045 ***150.00

DOCUMENT # P00000107573 1. Entity Name MILLENIUM MANAGEMENT & INVESTMENT, INC.					
Principal Place of Business 8418 CORAL WAY MIAMI, FL 33155			Mailing Address PO BOX 836091 MIAMI, FL 33186		
2. Principal Place of Business 14021 S.W. 143 CT Suite, Apt. #, etc. #6		3. Mailing Address 14021 S.W. 143 CT Suite, Apt. #, etc. #6			
City & State Miami - Florida		City & State Miami - Florida		4. FEI Number 65-1056789	
Zip 33186 Country		Zip 33186 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LOPEZ, JOSE E 8418 CORAL WAY MIAMI, FL 33155				7. Name and Address of New Registered Agent Name LOPEZ, JOSE E Street Address (P.O. Box Number is Not Acceptable) 14021 S.W. 143 CT #6 City Miami FL Zip Code 33186	
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:  3/8/06 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	P LOPEZ, JOSE E 8418 CORAL WAY MIAMI, FL 33155	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOPEZ, JOSE E 14021 S.W. 143 CT #6 MIAMI - FLORIDA 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS ALVARDO, ERNESTO E 8418 CORAL WAY MIAMI, FL 33155	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS ALVARADO, ERNESTO E 14021 S.W. 143 CT #6 MIAMI - FLORIDA 33186
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"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 or without like empowered.					
SIGNATURE: 			3-8-06 (786) 486-6877 <small>Date Daytime Phone #</small>		