FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90437 039 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000044610

1. Entity Name
THE MILLENNIUM FINANCIAL CENTER, INC.

Principal Place of Business
5546 WEST OAKLAND PARK BLVD SUITE 207
LAUDERHILL, FL 33313

Mailing Address
5546 WEST OAKLAND PARK BLVD SUITE 207
LAUDERHILL, FL 33313

2. Principal Place of Business: 12540 N.E 8 Ave
Suite, Apt. #, etc.

3. Mailing Address: 12540 NE 8 Ave
Suite, Apt. #, etc.

X CHECK HERE IF MAKING CHANGES

City & State: North Miami FL
Zip: 33161 Country: Dade

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Zip: 33161 Country: Dade

4. FEI Number: 65-1103180 [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CASTILLA, ROBERTO M
400 LESLIE DR
APT 11108
HALLANDALE, FL 33009

7. Name and Address of New Registered Agent

Name: Roberto M Castilla
Street Address (P.O. Box Number Is Not Acceptable): 400 Leslie Dr # 1108
City: Hallandale FL Zip Code: 33009

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] DATE: 2/5/03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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	PD [ ] Delete	TITLE	[ ] Change [ ] Addition
NAME	CASTILLA, ROBERTO M	NAME	
STREET ADDRESS	400 LESLIE DR APT 1108	STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE, FL 33009	CITY-ST-ZIP	
TITLE	[ ] Delete	TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	[ ] Delete	TITLE	[ ] Change [ ] Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	[ ] Delete	TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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] 2/5/03 305-981-4147
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)