


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 OCT -1 PM 3:46

DOCUMENT # P01000060476 1. Entity Name MILLENNIUM AT BAYFRONT INVESTMENTS, INC.	
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Principal Place of Business 6100 MONTGOMERY DRIVE PINECREST, FL 33156	Mailing Address 6100 MONTGOMERY DRIVE PINECREST, FL 33156
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09302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1135529	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FIGUERAS, JUAN E 7050 S.W. 86TH AVENUE MIAMI, FL 33143

DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE 300041562843 10/04/04--01021--020 **158.75

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MARTINEZ, ISRAEL 6100 MONTGOMERY DRIVE PINECREST, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MARTINEZ, ALEIDA G 6100 MONTGOMERY DRIVE PINECREST, FL 33156
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DO NOT WRITE IN THIS SPACE

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.	
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SIGNATURE: <u>Aleida G. Martinez</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Sept. 30/04 (305) 666-0376 Daytime Phone #
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Aleida G. MARTINEZ VTD

10/1/04