
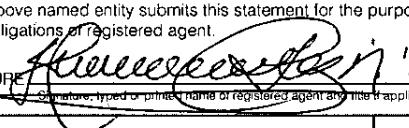
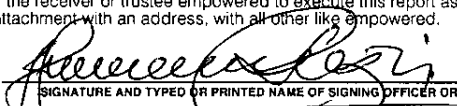


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90081 001 ***150.00

DOCUMENT # P02000055185					
1. Entity Name MILLIONAIRE HOMES MAGAZINE, INC.					
Principal Place of Business 3149 NE 163RD STREET MIAMI BEACH, FL 33160			Mailing Address 3149 NE 163RD STREET MIAMI BEACH, FL 33160		
2. Principal Place of Business 16830 Collins Ave.		3. Mailing Address 16830 Collins Ave.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Sunny Isles, FL		City & State Sunny Isles, FL		4. FEI Number 72-1527285	
Zip 33160		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SILVA, HAROLDO 3149 NE 163RD STREET MIAMI BEACH, FL 33160			7. Name and Address of New Registered Agent Name Silva, Haroldo Souza Street Address (P.O. Box Number is Not Acceptable) 7000 Island Blvd. Apt 1401 City Aventura FL Zip Code 33160		
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: 		Haroldo S. Silva		4/17/04	
(NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	PD SILVA, HAROLDO 7000 ISLAND BLVD. APT. 1401 AVENTURA, FL 33160		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Silva, Haroldo Souza 7000 Island Blvd. # 1401 Aventura, FL 33160	
	<input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  Haroldo S. Silva 4/17/04 (305)945-2006					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					