


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90263 022 ***150.00

DOCUMENT # P02000073166 1. Entity Name NEW MILLENNIUM OPERATING CORP.	
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Principal Place of Business 3483 W. WOOLBRIGHT RD. BOYNTON BEACH, FL 33438	Mailing Address 3483 W. WOOLBRIGHT RD. BOYNTON BEACH, FL 33438
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14009978



04262005 No Chg-P CR2E034 (10/03)

4. FEI Number 41-2069646	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent STERN, HAROLD S 3483 W. WOOLBRIGHT RD. BOYNTON BEACH, FL 33436

**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 _____
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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GREENBERG, LEONARD E 3483 W. WOOLBRIGHT RD. BOYNTON BEACH, FL 33436
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SMOLLAR, MARVIN 3483 W. WOOLBRIGHT RD. BOYNTON BEACH, FL 33436
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/05 561-737-5805