2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 08:00 AM
Secretary of State

ANNUAL REPURI			 1	Jan 27, 2007 00.00			
DOCUMENT # P02000114250				S	ecretary	of Sta	
Entity Name MILLENNIUM DESIGN SERVICES INC							
Principal Place of Business	Mailing Address						
750 W. 84TH ST.	750 W. 84TH ST.						
HIALEAH, FL 33014	HIALEAH, FL 33014					III GRIJEK N. 2001	

			01252007	No Chg-P	CR2E034 (11/		
DO NOT WRITE I	N THIS SPA	CE	4. FEI Numb	-		Applied For	
		SAN SAN	81-057	76026		Not Applicabl	
			5. Certificate	e of Status Desired	□ \$8.75 Fee Red	Additional juired	
6. Name and Address of Current Reg	istered Agent	-	•				
NAAMANI, RABIH			no	NOT W	DITE		
8386 NW 143RD ST. MIAMI, FL 33016		23				المجمعة والمعارف	
W. W. T. Z. 33313			IN	THIS SF	'ACE		
8. The above named entity submits this statement for the	e purpose of changing its registe	red office or re	gistered agent, or be	oth, in the State of Flo	onda. Tam familiar i	vith, and accept	
the obligations of registered agent.							
Signature, typed or printed name of registered agent and to	tie d'applicable. (NOTE: Register	ed Agent signature r	equired when reinstating)		DATE		
				U00001	9607560 -80043-006	100 00	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution		\$5.00 May Be Added to Fees	01/31/01	-0004-3-000	120.00	
10. OFFICERS AND DIR	ECTORS	- 8 TH 187			W. P. Chry		
INTLE PSTD NAME NAAMANI, RABIH							
STREET ADDRESS 8386 NW 143RD ST.	•						
CITY-ST-ZIP MIAMI, FL 33016			Property (September)				
TITLE NAME						,	
STREET ADDRESS					mer fill of Sacret Sacret		
CITY-ST-ZIP				Version de la companya de la company		•	
TITLE NAME		e e e e e e e e e e e e e e e e e e e			and the second s	, .	
STREET ADDRESS				NICTA	nitë		
CITY-ST-ZIP			DO	NOT W	KILE		
TILE			SeasoIN.	THIS SF	PACE	jakoj koj listoj. Valanski se ili 19	
NAME STREET ADDRESS							
CITY-ST-ZIP				gangan digita dan salah d Managan dan salah digita d	Agent de la companya		
UTLE							
NAME							

12. Thereby 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 Lam an officer or director of the corporation or the receiver or trusted 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 at other like empowered.

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-07

305) 8 UB - 7499