2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 07, 2008 08:00 Al Secretary of State DOCUMENT # P02000114250 MILLENNIUM DESIGN SERVICES INC. Principal Place of Business Mailing Address 750 W. 84TH ST. 750 W. 84TH ST. HIALEAH, FL 33014 HIALEAH, FL 33014 04032008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 81-0576026 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NAAMANI, RABIH DO NOT WRITE 8386 NW 143RD ST. MIAMI, FL 33016 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) U000000885508 9. Election Campaign Financing \$5.00 May Be FILE NOWI!! FEE IS \$150.00 04/18/08-80017-001 150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS **PSTD** TITLE NAAMANI, RABIH NAME 8386 NW 143RD ST. STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33016 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby 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 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:

lissam

SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED