


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90277 036 ***150.00

DOCUMENT # P02000117391 1. Entity Name MILLENIUM SECURITY AND TOWING SERVICE, INC					
Principal Place of Business 729 S. ORANGE BLOSSOM TRAIL ORLANDO, FL 32805			Mailing Address PO BOX 585158 ORLANDO, FL 32858		
2. Principal Place of Business <i>729 S. Orange Blossom Trl.</i> Suite, Apt. #, etc.		3. Mailing Address <i>P.O. Box 585158</i> Suite, Apt. #, etc.			
City & State <i>Orlando, Florida</i> Zip <i>32805</i>		City & State <i>Orlando Florida</i> Zip <i>32858</i>		4. FEI Number 14-1853624 Applied For <input type="checkbox"/> Not Applicable	
Country <i>Orange</i>		Country <i>Orange</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TIRADO, RICHARDO 5686 GRAND CANYON DRIVE ORLANDO, FL 32810				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State <i>FL</i> Zip Code	
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 <i>Ricardo Tirado</i> DATE <i>4/19/05</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP TIRADO, RICHARDO 5686 GRAND CANYON DR. ORLANDO, FL 32810 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <i>Ricardo Tirado</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <i>4/19/05</i> Daytime Phone # <i>321-303-1943</i>		