

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90236 032 ***150.00

DOCUMENT # P02000117391							
1. Entity Name MILLENIUM SECURITY AND TOWING SERVICE, INC							
Principal Place of Business 5495 S ORANGE BLOSSOM TRAIL ORLANDO, FL 32805			Mailing Address PO BOX 585158 ORLANDO, FL 32858				
2. Principal Place of Business - No P.O. Box # 2661 WEKIWA Dr.		3. Mailing Address P.O. Box 585158					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State APOPKA, Florida		City & State Orlando, FL		4. FEI Number 14-1853624			
Zip 32703		Country Orange		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent TIRADO, RICARDO 5495 ORANGE BLOSSOM TRAIL ORLANDO, FL 32804		7. Name and Address of New Registered Agent Name: Ricardo Tirado Street Address (P.O. Box Number is Not Acceptable): 2661 WEKIWA Dr City: APOPKA FL 32703 State: FL Zip Code: 32703					
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: Yaritza Marquez DATE: 4/29/08							
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 DP	NAME TIRADO, RICHARDO		<input checked="" type="checkbox"/> Delete	TITLE DP	NAME Ricardo Tirado		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 5495 S ORANGE BLOSSOM TR	CITY-ST-ZIP ORLANDO, FL 32805			STREET ADDRESS 2661 WEKIWA Dr.	CITY-ST-ZIP APOPKA FL 32703		
TITLE VP	NAME MARQUEZ, YARITZA		<input checked="" type="checkbox"/> Delete	TITLE VP	NAME YARITZA Marquez		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 5495 S ORANGE BLOSSOM TR	CITY-ST-ZIP ORLANDO, FL 32805			STREET ADDRESS 2661 WEKIWA Dr	CITY-ST-ZIP APOPKA FL 32703		
TITLE ---	NAME ---		<input type="checkbox"/> Delete	TITLE ---	NAME ---		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS ---	CITY-ST-ZIP ---			STREET ADDRESS ---	CITY-ST-ZIP ---		
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STREET ADDRESS ---	CITY-ST-ZIP ---			STREET ADDRESS ---	CITY-ST-ZIP ---		
TITLE ---	NAME ---		<input type="checkbox"/> Delete	TITLE ---	NAME ---		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS ---	CITY-ST-ZIP ---			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: [Signature]				Date: 4/29/08 321-363 1943			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #			