2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment v

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Mar 23, 2005 8:00 am DCCUMENT # P03000015041 **Secretary of State** 1. Entity Name 03-23-2005 90029 020 ***150.00 MILLENNIUM GROUP OF COMPANIES INC. Principal Place of Business Mailing Address 6992 WOODSCAPE CIR MIRAMAR FL 33023 6992 WOODSCAPE CIR MIRAMAR FL 33023 1311 NW 2017 ST MIAMI CHARDENS FL 33/69 2. Principal Place of Business 3. Mailing Address 1311 NW 201 3590.S. STATE &D Suite, Apt. #, etc. Suite, Apt. #, etc. THE REAL PROPERTY. Swie#17 City & State Applied For City & State MIAMI GARDENS MIRAMAR Not Applicable \$8.75 Additional U.G.A 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name OLOWU, GBEMIGA 6992 WOODSCAPE CIR MIRAMAR FL 33023 Street Address (P.O. Box Number is Not Acceptable) 1311 NW 2017 ST City Zip Code GANDENS AT 33169 8. The above named entity subtribts 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. XBEMILEA LOWU SIGNATURE FILE NOW!!! FEE:IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. VICE PRESIDENT TITLE Change Addition Delete TITLE STEPHANIE. C. STEPHENS-OLOWU OLOWU, GBEMIGA NAME NAME 1311 NW 20M ST 1311 NW 207 ST 6992 WOODSCAPE CIR STREET ADDRESS STREET ADDRESS MIAMI GADOUS FE33169 MIRAMAR FL 33023 CITY-ST-7IP CITY-ST-7IP DUAMI GARDENS H Delete TITLE Change Addition TITLE -VICE PREGIDENT NAME GTEPHENS - OLOWU NAME STEPHANIE .C. STREET ADDRESS STREET ADDRESS 1311 NW 2017 ST CITY-ST-7IP CITY-ST-ZIP MIAMI GARDENS ☐ Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Addition TITLE ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 truetee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED