

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90025 041 ***150.00

DOCUMENT # P03000015851 1. Entity Name MILLENNIA LI RESTAURANTS, INC.					
Principal Place of Business 5728 MAJOR BLVD STE 601 ORLANDO, FL 32819			Mailing Address 5728 MAJOR BLVD STE 601 ORLANDO, FL 32819		
2. Principal Place of Business, No P.O. Box # 7932 W. Sand Lake Rd.		3. Mailing Address 7932 W. Sand Lake Rd.		 03112008 Chg-P CR2E034 (12/06) 4. FEI Number 43-2010626 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Suite, Apt., etc. Suite 300		Suite, Apt., etc. Suite 300			
City Orlando, FL		City Orlando, FL			
Zip 32819 Country		Zip 32819 Country			
6. Name and Address of Current Registered Agent KHATIB, RASHID A 5728 MAJOR BLVD STE 601 ORLANDO, FL 32819				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7932 W. Sand Lake Rd. Ste 300 Orlando, FL 32819 FL 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
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 NAME STREET ADDRESS CITY-ST-ZIP	DP KHATIB, RASHID A 5728 MAJOR BLVD STE 601 ORLANDO, FL 32819 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7932 W. Sand Lake Rd. Ste 300 Orlando, FL 32819	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HODGE, RANDALL R 5728 MAJOR BLVD STE 601 ORLANDO, FL 32819 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7932 W. Sand Lake Rd. Ste 300 Orlando, FL 32819	
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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	
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	
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: _____ 4/18/08 407-354-2202 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					