

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90020 008 ***150.00

DOCUMENT # P03000022416

1. Entity Name
MILLENNIUM AUTO BROKER, CORP.



Principal Place of Business
~~227 PETUNIA TERR., #105~~
~~SANFORD, FL 32771~~

Mailing Address
227 PETUNIA TERR., #105
SANFORD, FL 32771

44001414



2. Principal Place of Business
1470 Lavender St
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

01052004 Chg-P CR2E034 (10/03)

City & State
Deltona, FL
Zip
32725
Country
Volusia

City & State
City & State
Zip
Country

4. FEI Number
31-1819022

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SANTIAGO, ERIC J
227 PETUNIA TERR., #105
SANFORD, FL 32771

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
1470 LAVENDER ST
City **Deltona** FL Zip Code **32725**

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 **[Signature]** DATE **1-8-04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **SANTIAGO, ERIC J**
STREET ADDRESS ~~227 PETUNIA TERR., #105~~
CITY-ST-ZIP ~~SANFORD, FL 32771~~

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1470 LAVENDER ST**
CITY-ST-ZIP **Deltona, FL 32725**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
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 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 **1-8-04** DAYTIME PHONE **407-687-9421**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR