
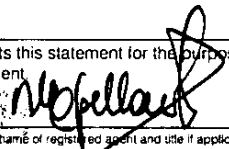



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90217 026 \*\*\*150.00

<b>DOCUMENT # P03000031794</b> 1. Entity Name <b>MILLENNIUM SUPERMALL MANAGEMENT, INC.</b>					
Principal Place of Business <b>2800 WESTON ROAD SUITE 204 WESTON, FL 33331</b>			Mailing Address <b>2800 WESTON ROAD SUITE 204 WESTON, FL 33331</b>		
2. Principal Place of Business - No P.O. Box # <b>2500 E. HALLANDALE BEACH BLVD</b>		3. Mailing Address <b>2500 E. HALLANDALE BEACH BLVD</b>			
Suite, Apt. #, etc. <b>SUITE T</b>		Suite, Apt. #, etc. <b>SUITE T</b>			
City & State <b>HALLANDALE BEACH</b>		City & State <b>HALLANDALE BEACH</b>			
Zip <b>33009</b>		Zip <b>33009</b>		Country 	
4. FEI Number <b>02262007</b>				Chg-P <b>CR2E034 (12/06)</b>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>LEGAL INFORMATION SERVICES, LLC 2500 WESTON RD. STE 404 FORT LAUDERDALE, FL 33332</b>			7. Name and Address of New Registered Agent Name <b>ROZENKWAIG, NADEL &amp; FERRERO-CARR</b> Street Address (P.O. Box Number is Not Acceptable) <b>301 W. HALLANDALE BEACH BLVD</b> City <b>HALLANDALE BEACH</b> FL <b>33009</b>		
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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MARTINEZ, IGNACIO</b> <input type="checkbox"/> Delete <b>2800 WESTON ROAD SUITE 204</b> <b>WESTON, FL 33331</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MARTINEZ, IGNACIO</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2500 E. HALLANDALE BEACH BLVD SUITE T</b> <b>HALLANDALE BEACH, FL 33009</b>	
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	
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	
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:  DATE _____ DAYTIME PHONE # <b>(954) 3852550</b>					