2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 30, 2004 8:00 am Secretary of State DOCUMENT # P03000060823 04-30-2004 90344 006 ***150.00 MILLENIUM CLEANERS & BOUTIQUE, INC. Principal Place of Business Mailing Address 14015295 504 E. OSCEOLA PARKWAY 504 E. OSCEOLA PARKWAY KISSIMMEE, FL 34744 KISSIMMEE, FL 34744 2. Principal Place of Business 3. Mailing Address 126 E. DONEGAN NO DONEGAN AVE Suite, Apt. #, etc. Suite, Apt. #, etc. 02172004 Chg-P CR2E034 (10/03) 4. FEI Number Applied For City & State City & State 20-0028329 KISSIMMEE KISSIMMER Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CARDENAS VAN J.A.O. SERVICES INC. Street Address (P.O. Box Number is Not Acceptable) 13512 TURTLE MARSH LOOP # 734 7802 KINGSPOINTE PARKWAY SUITE 207-B ORLANDO, FL 32819 Zip Code 3283 City ORLANDO 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, typed registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE S Р TITLE ■ Addition ☐ Delete Change Change CARDENAS, JUAN P NAME TURTLE MARSH LOOP 13512-734 STREET ADDRESS 13548 TURTLE MARSH LOOP #413 STREET ADDRESS 32837 CITY-ST-ZIP ORLANDO, FL 32837 CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition CARDENAS, BANEXA NAME NAME 13512 TURTLE MARSH LOOP #734 STREET ADDRESS 13548 TURTLE MARSH LOOP #413 STREET ADDRESS ORLANDO, FL 32837 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITI F ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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. PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED O Daytime Phone

FILED