## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Jan 11, 2008 8:00 am **Secretary of State** DOCUMENT # P03000088633 01-11-2008 90035 029 \*\*\*150.00 MILLENNIUM MANAGEMENT ASSOCIATES INC. Principal Place of Business Mailing Address 7410 SIMMS STREET 7410 SIMMS STREET HOLLYWOOD, FL 33024 HOLLYWOOD, FL 33024 US 115 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042008 Chg-P CR2E034 (12/06) Applied For 4. FEI Number City & State City & State 20-0147892 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BLANK, MARY A Street Address (P.O. Box Number is Not Acceptable) 7410 SIMMS STREET HOLLYWOOD, FL 33024 City Zip Code FL 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 or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remstating) DATE ., 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition BLANK, MARY A NAME MALIF STREET ADDRESS 7410 SIMMS STREET STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33024 CITY-ST-ZIF ☐ Change ☐ Delete TITLE VICE President Addition TITLE Rosemary J. Blank NAME NAME STREET ADDRESS STREET ADDRESS 57 Simms CITY-ST-ZIP CITY-ST-ZIP ollywood ☐ Delete ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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.

TITLE

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SIGNATURE:	In A ray a. Blant, Pres.	1-5-08	939 
SIGN	ATURE AND TYPED OR PRINTEDNAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone

Delete

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NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

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