

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2006 8:00 am
Secretary of State

04-26-2006 90194 035 ***150.00

DOCUMENT # P03000091466					
1. Entity Name MILLENNIUM JEANS CENTER, INC.					
Principal Place of Business 5800 HOLLYWOOD BLVD. BOOTH 044 HOLLYWOOD, FL 33021			Mailing Address 3066 CORNWALL D BOCA RATON, FL 33434		
2. Principal Place of Business CLOSED			3. Mailing Address 1119 CHENILE CIRCLE		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State WESTON FL.		
Zip	Country	Zip	Country	4. FEI Number 11-3701145	
33327	USA	33327	USA	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STAMBOULI, ALBERTO 1119 CHENILE CIRCLE WESTON, FL 33327				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				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 _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retreating)) DATE _____					
FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee will be \$850.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	PRESIDENT STAMBOULI, ALBERTO 6503 N MILITARY TRAIL #4407 BOCA RATON, FL 33486 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ALBERTO STAMBOULI 1119 CHENILE CIRCLE WESTON FL. 33327 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 fee empowered.					
SIGNATURE: <u>Alberto Stambouli</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					