## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** May 06, 2005 8:00 am Secretary of State

05-06-2005 90084 048 \*\*\*158.75

Enlity Name LLENNIUM'S PRINTERS & GRAPHICS INC		
cipal Place of Business	Mailing Address	
OO VANDUDEN ST	2600 WANDIDEN ST	

MI 3600 VANBUREN SI #212 #212 HOLLYWOOD, FL 33021 HOLLYWOOD, FL 33021 2. Principal Place of Business Mailing Address 3600 YANBUREN ST 3600 VANGUZEN ST Suite, Apt. #, etc. # 301 Suite, Apt. #, etc. # 301 04292005 CR2E034 (10/03) City & State City & State 4. FEI Number 33-108852 Applied For HOLLYWOOD HOLLYWOOD Not Applicable Country U5A Country \$8.75 Additional 5. Certificate of Status Desired 33021 U SA Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent FABIO, ESCOBAR AMERICAN HOMES INVESTMENTS, INC Street Address (P.O. Box Number is Not Acceptable) 6363 TAFT ST 315 D HOLLYWOOD, FL 33024 ST # 301 City HOLLY WOOD Zip Code 33021 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 registe FABIO ESCOBAR PRESIDENT) SIGNATURE Signature, types or p d name of registered agent and title if applicable Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees

10.	0. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Delet ESCOBAR, FABIO J SR 3600 VANBUREN ST #212 HOLLYWOOD, FL 33021	te TITLE NAME STREET ADDRESS CITY-ST-ZIP	PUTS ESCOBAR, FABIO J 3600 VANBUREN ST \$301 HOLLYWOOD, FL 33021	Change	Addition	
TITLE NAME STREET ADDRESS GITY-ST-ZIP	Delet	te TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delet	te Title NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delet	NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
THILE NAME STREET ADDRESS CHY-ST-ZIP	□ Detet	NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
NAME STREET ADDRESS	☐ Delet	NAME STREET ADDRESS		Change	☐ Addition	

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 trusted 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 ads, with all other like empowered.

SIGNATURE AND TYPE

FABIO ESCUBAR OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR