2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000058425

MILLENNIUM'S PRINTERS & GRAPHICS INC



Principal Place of Business

Mailing Address

6326 JOHNSON ST HOLLYWOOD, FL 33024

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FILED Jun 20, 2008 8:00 am Secretary of State

06-20-2008 90001 030 ***150.00



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06052008 No Chg-P CR2E034 (11/05) Applied For 4. FEI Number 33-1089523 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ESCOBAR, FABIO

6326 JOHNSON ST HOLLYWOOD, FL 33024

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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 reinstating)

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FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008 9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

OFFICERS AND DIRECTORS 10. **PVTS** TITLE NAME ESCOBAR, FABIO J SR STREET ADDRESS 2300 NORTH 61 VAE CITY-ST-ZIP HOLLYWOOD, FL 33024 TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS 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 of 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:

PRESIDENT

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #