

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000087547

1. Entity Name
MILLENIUM REAL ESTATE INVESTMENTS, INC.



Principal Place of Business
**174 NE 96 ST
MIAMI, FL 33138 US**

Mailing Address
**174 NE 96 ST
MIAMI, FL 33137 US**

DO NOT WRITE IN THIS SPACE



03282007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1271789

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PB&A FINANCIAL SERVICES, CORP
174 NE 96 ST
MIAMI, FL 33138**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when restate) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CORTEZ, JUAN HENRIQUEZ
STREET ADDRESS 1802 N UNIVERSITY DR SUITE 200
CITY-ST-ZIP PLANTATION, FL 33322

TITLE VSD
NAME RINCONES, GLADYS
STREET ADDRESS 1802 N UNIVERSITY DR SUITE 200
CITY-ST-ZIP PLANTATION, FL 33322

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04/06/07-80052-012 150.00

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IN THIS SPACE**

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.

SIGNATURE:

Juan Henriquez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Juan Henriquez PD

3.18/07 205-7581156.
Date Daytime Phone #