


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT #P06000097561 1. Entity Name MILLENNIUM SECURITY AGENCY, INC						FILED 07 OCT 10 PM 3:01 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 233 NE 67TH STREET MIAMI, FL 33138				Mailing Address P.O. BOX 403892 MIAMI BEACH, FL 33140			
2. Principal Place of Business - No P.O. Box # 7140 NW MIAMI CT Suite, Apt. #, etc. #3				3. Mailing Address Suite, Apt. #, etc.			
City & State Miami, FL				City & State			
Zip 33150		Country USA		Zip Country		4. FEI Number Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				10042007 REIN-P CR2E098 (1/07)			
6. Name and Address of Current Registered Agent ZULOAGA, GUSTAVO M MR. 1521 ALTON RD 314 MIAMI BEACH, FL 33139				7. Name and Address of New Registered Agent Name ZULOAGA GUSTAVO H. Street Address (P.O. Box Number is Not Acceptable) 1521 ALTON Rd #468 City MIAMI Beach FL Zip Code 33139			
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 <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 10/4/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$750.00 After January 1, 2008, Fee will be \$900.00							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZULOAGA, IVETTE M MRS. 233 N.E.67TH STREET MIAMI,, FL 33138 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Ivette Zuloaga <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1521 Alton Rd #468 MIAMI Beach, FL 33139		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO GUSTAVO Zuloaga H <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1521 Alton Rd #468 Miami Beach, FL 33139		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.							
SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 10/4/07 305-604-9696 <small>Daytime Phone #</small>			

C.S.C.



Transportation Services

P.O. Box 403892 - Miami Beach, FL 33140

October 4, 2007

Division of Corporation

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301


RE: Commercial Security Courier – Doc # P99000068551

Millennium Security Agency – Doc # P06000097561

TO Whom It May Concern

I received a dissolution letter today for both of my companies; I had send the form and payments on 9/5/07 please see attached copies of such. I would appreciate if the late fees are waived for reinstatement; I am sending a new check and placing a stop payment for both checks send on my earlier annual report.

Thank you for your cooperation.


Ivette Zuloaga