


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2004 8:00 am
Secretary of State

01-28-2004 90019 001 *1,500.00

DOCUMENT # P96000078100

1. Entity Name
MILLENNIUM INVESTMENT, INC.



Principal Place of Business Mailing Address

~~9350 SOUTH DIXIE HIGHWAY~~ ~~9350 SOUTH DIXIE HIGHWAY~~
~~SUITE 1550~~ ~~SUITE 1550~~
~~MIAMI, FL 33156 US~~ ~~MIAMI, FL 33156 US~~

66400369



2. Principal Place of Business 3. Mailing Address

P.O. Box 566777 **P.O. Box 566777**

Suite, Apt. #, etc. Suite, Apt. #, etc.

01222004 Chg-P CR2E034 (10/03)

City & State City & State

MIAMI, FL **MIAMI, FL**

Zip Country Zip Country

33256 **USA** **33256** **USA**

4. FEI Number Applied For

59-3403431 Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LIPSON, GARY D	Name
9350 SOUTH DIXIE HIGHWAY	Street Address (P.O. Box Number is Not Acceptable)
SUITE 1550	914 MATANZAS AVE
MIAMI, FL 33156	City State Zip Code
	CORAL GABLES FL 33146

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]* **AS RECEIVER** *GARY D. LIPSON, AS RECEIVER* **1/26/04**

Signature, typed by or for name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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	REC <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIPSON, GARY D	NAME	
STREET ADDRESS	9350 SOUTH DIXIE HIGHWAY SUITE 1550	STREET ADDRESS	914 MATANZAS AVE.
CITY-ST-ZIP	MIAMI, FL 33156	CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 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: *[Signature]* **AS RECEIVER** *GARY D. LIPSON, AS RECEIVER* **1/26/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #