

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

APPROVED
AND
FILED

05 APR 15 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000076098

1. Entity Name

MILLENNIUM SOURCING GROUP, INC.



Principal Place of Business

1900 SHARBOR CITY BLVD
SUITE 115
MELBOURNE FL 32901

Mailing Address

1900 SHARBOR CITY BLVD
SUITE 115
MELBOURNE FL 32901

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

7/27/04 1st MOORE CR2E034 (10/04) 90082 001 X 158.75
FEI Number 59-3472922 Applied For 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

BINAI, EDWARD
1900 S. HARBOR CITY BLVD., SUITE 115
SUITE 115
MELBOURNE FL 32901

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	D	BINAI, EDWARD	540 E FRANKLYN AV	INDIALANTIC FL 32903	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
					<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
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					<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

EDWARD BINAI 4-12-05 321 9527705